



BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

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

Case No. 13157

AFFIDAVIT REGARDING NOTICE

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

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

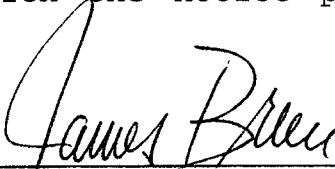
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

3. Applicant 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 1207.



James Bruce

SUBSCRIBED AND SWORN TO before me this 8TH day of October, 2003, by James Bruce.



Notary Public

My Commission Expires:
3/14/05

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) 982-2151 (FAX)

jamesbruc@aol.com

September 18, 2003

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 E½ of Section 14, Township 21 South, Range 27 East, N.M.P.M., Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, October 9, 2003 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 appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, October 3, 2003, if you intend to enter an appearance and participate in the case.

Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT

A

EXHIBIT A

Mr. & Mrs. Mark T. Owen
3323 Providence Dr.
Midland, TX 79707

Estate of David F. Goodnow, Deceased
c/o Blair & Potts
P.O. Box 1214
Stamford, CT 06904-1214
Attn: Mr. Robert A. DeVellis, Esq.

Mr. Charles C. Moore
138 Harvard Ave.
Mill Valley, CA 94941

Isaac A. Kawasaki and
Ruby F. Kawasaki
c/o James M. Narita
734 Kalanipuer St.
Honolulu, HI 96825

Mr. Joseph R. Hodge
P.O. Box 5238
Austin, TX 78763

Mr. J.W. Gendron
1280 Encino Dr.
San Marino, CA 91108

Chevron Texaco Corporation
P.O. Box 1150
Midland, TX 79702
Attn: Mr. Michael R. Mullins

Unit Petroleum Company
P.O. Box 702500
Tulsa, OK 74170-2500
Attn: Ms. Bobbie Thompson

Mr. J. Frederick Van Vranken, Jr.
P.O. Box 264
Jericho, NY 11753

Mr. & Mrs. Michael D. Hayes
3608 Meadowridge
Midland, TX 79707

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
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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.
City, State, ZIP+4[®]
Mr. & Mrs. Michael D. Hayes
3608 Meadowridge
Midland, TX 79707

PS Form 3800, June 2002

See Reverse for Instructions

Postmark
Here

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:

Mr. Joseph R. Hodge
P.O. Box 5238
Austin, TX 78763

2. Article Number
(Transfer from service label)

7002 2030 0007 1224 0468
PS Form 3811, August 2001

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.
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Mr. & Mrs. Michael D. Hayes
3608 Meadowridge
Midland, TX 79707

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1. Article Addressed to:

Mr. & Mrs. Michael D. Hayes
3608 Meadowridge
Midland, TX 79707

2. Article Number
(Transfer from service label)

7002 2030 0007 1224 0413
PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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 ☐ No
- E. YES, enter delivery address below: ☐ Yes ☐ No



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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2030 0007 1224 0468
Domestic Return Receipt

102595-02-M-1540

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Postage	\$	0.60
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.65

UNIT ID: 0500

Postmark
Here

Clerk: KQHT6J

09/19/03

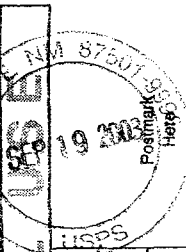
Sent To

Mr. Joseph R. Hodge
P.O. Box 5238
Austin, TX 78763

PS Form 3800, June 2002

See Reverse for Instructions

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

Sent To

Isaac A. Kawasaki and
 Ruby F. Kawasaki
 c/o James M. Narita
 734 Kalaupur St.
 Honolulu, HI 96825

Street, Apt. No.,
 or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Isaac A. Kawasaki and
 Ruby F. Kawasaki
 c/o James M. Narita
 734 Kalaupur St.
 Honolulu, HI 96825

2. Article Number

(Transfer from service label)

7002 2030 0007 1224 0451

PS Form 3811, August 2001

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:

Mr. J. Frederick Van Vranken, Jr.
 P.O. Box 264
 Jericho, NY 11753

2. Article Number

(Transfer from service label)

7002 2030 0007 1224 0406

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PS Form 3811, August 2001

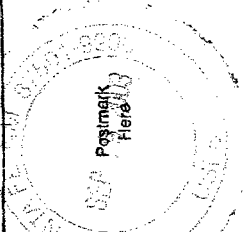
Domestic Return Receipt

102595-02-M-1540

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



Sent To

Mr. J. Frederick Van Vranken, Jr.
 P.O. Box 264
 Jericho, NY 11753

Street, Apt. No.,
 or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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

Sent To
 Estate of David F. Goodnow, Deceased
 c/o Blair & Potts
 P.O. Box 1214
 Stamford, CT 06904-1214
 Attn: Mr. Robert A. DeVellis, Esq.

PS Form 3800, June 2002 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:
 Unit Personnel Company
 P.O. Box 702500
 Tulsa, OK 74170-2500
 Attn: Ms. Bobbie Thompson

2. Article Number
(Transfer from service label)
 7002 2030 0007 1224 0390
 PS Form 3811, August 2001
 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *[Signature]* Date of Delivery *[Signature]*
 C. Is delivery address different from item 1? ☐ Yes ☐ No
 D. Is delivery address below:
 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

7002 2030 0007 1224 0390
 Domestic Return Receipt
 PS Form 3800, June 2002 See Reverse for instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

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 c/o Blair & Potts
 P.O. Box 1214
 Stamford, CT 06904-1214
 Attn: Mr. Robert A. DeVellis, Esq.

2. Article Number
(Transfer from service label)
 7002 2030 0007 1224 0437
 PS Form 3811, August 2001
 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *[Signature]* 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

7002 2030 0007 1224 0437
 Domestic Return Receipt
 PS Form 3800, June 2002 See Reverse for instructions

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

Sent To
 Unit Personnel Company
 P.O. Box 702500
 Tulsa, OK 74170-2500
 Attn: Ms. Bobbie Thompson

PS Form 3800, June 2002 See Reverse for instructions

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

Sent To
 Mr. & Mrs. Mark T. Owen
 1323 Providence Dr.
 Midland, TX 79707
 City, State, ZIP+4

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. & Mrs. Mark T. Owen
 1323 Providence Dr.
 Midland, TX 79707

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

2. Article Number
 (Transfer from service label)
 7002 2030 0007 1224 0420
 PS Form 3811, August 2001 Domestic Return Receipt 102598-02-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:

Mr. Charles C. Moore
 138 Harvard Ave.
 Mill Valley, CA 94041

2. Article Number
 (Transfer from service label)
 7002 2030 0007 1224 0444
 PS Form 3811, August 2001 Domestic Return Receipt 102598-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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Mr. & Mrs. Mark T. Owen
 1323 Providence Dr.
 Midland, TX 79707

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

2. Article Number
 (Transfer from service label)
 7002 2030 0007 1224 0420
 PS Form 3811, August 2001 Domestic Return Receipt 102598-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

Signature *Charles C. Moore* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 SEP 23 2003
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

Article Number
 7002 2030 0007 1224 0444
 Domestic Return Receipt 102598-02-M-1540

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

Sent To
 Mr. Charles C. Moore
 138 Harvard Ave.
 Mill Valley, CA 94041
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOR ADDITIONAL MAIL

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 Texaco Corporation
P.O. Box 1150
Midland, TX 79702
Attn: Mr. Michael R. Mullins

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

7002 2030 0007 1224 0383

Domestic Return Receipt

102595-02-M-1540

NOV 14

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X

B. Received by (Printed Name) 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 ☐ No

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OFFICIAL USE

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

Postmark
Here

Sent To

Chevron Texaco Corporation
P.O. Box 1150
Midland, TX 79702
or PO Box No.
City, State, ZIP+4
Attn: Mr. Michael R. Mullins

PS Form 3800, June 2002

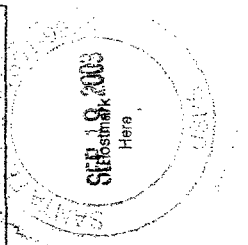
See Reverse for Instructions

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



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

Mr. J.W. Gaudron
 1280 Racine Dr.
 San Marino, CA 91108

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5240 4227 2000 0303 2002

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:

ChevronTexaco Inc.
 15 Smith Road
 Midland, Texas 79705

2. Article Number
(Transfer from service label)

7003 1010 0003 6980 6206

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1640

MOC-14

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 10-2

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
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OFFICIAL USE

Postage	\$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



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

ChevronTexaco Inc.
 15 Smith Road
 Midland, Texas 79705

PS Form 3800, June 2002 See Reverse for Instructions

9029 0869 E000 0707 E002