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

7002 2030 0007 1224 0413

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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
Street, Apt. No.; or PO Box No.: Mr. & Mrs. Michael D. Hayes, 3608 Meadowridge, Midland, TX 79707
City, State, ZIP+4:

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): Randall Hodge — C. Date of Delivery: 9-25-03

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

2. Article Number (Transfer from service label): 7002 2030 0007 1224 0468

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

moc-14

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): [illegible] — C. Date of Delivery: 9-25-03

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

2. Article Number (Transfer from service label): 7002 2030 0007 1224 0413

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moc-14

7002 2030 0007 1224 0468

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AUSTIN, TX 78763

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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: KGHT6J
09/19/03

Sent To
Street, Apt. No.; or PO Box No.: Mr. Joseph R. Hodge, P.O. Box 5238, Austin, TX 78763
City, State, ZIP+4:

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7002 2030 0007 1224 0451

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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
Street, Apt. No.; or PO Box No.: c/o James M. Narita 734 Kalanipuer St.
City, State, ZIP+4: Honolulu, HI 96825

Postmark Here: SEP 19 2003 USPS

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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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) A.S. VanVranken C. Date of Delivery 9/25/03

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

2. Article Number (Transfer from service label) 7002 2030 0007 1224 0406

PS Form 3811, August 2001 — Domestic Return Receipt — NOC-14 — 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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X James M Narita (SON) ☐ Agent ☐ Addressee

B. Received by (Printed Name) JAMES M NARITA C. Date of Delivery 9/25/03

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

SEP 25 2003 USPS

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) 7002 2030 0007 1224 0451

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7002 2030 0007 1224 0406

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

Postmark Here: SEP 25 2003 USPS

Sent To: Mr. J. Frederick Van Vranken, Jr.
Street, Apt. No.; or PO Box No.: P.O. Box 264
City, State, ZIP+4: Jericho, NY 11753

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

Postmark Here

SEP 19 2003 USPS 87501

Sent To: Estate of David F. Goodnow, Deceased
Street, Apt. No.; or PO Box No.: c/o Blair & Potts, P.O. Box 1214
City, State, ZIP+4: Stamford, CT 06904-1214
Attn: Mr. Robert A. DeVellis, Esq.

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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 Petroleum 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery: 22

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

ROBERT WAYNE JENKINS TULSA OK 7415 SEP 22 2003 USPS

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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MOC 14

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:

Estate of David F. Goodnow, Deceased
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

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:

9/23

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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MOC 14

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

SEP 19 2003

Postmark Here

Sent To: Unit Petroleum Company
Street, Apt. No.; or PO Box No.: P.O. Box 702500
City, State, ZIP+4: Tulsa, OK 74170-2500
Attn: Ms. Bobbie Thompson

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7002 2030 0007 1224 0420

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

Postmark Here

Sent To
Mr. & Mrs. Mark T. Owen
Street, Apt. No.; or PO Box No. 3323 Providence Dr.
City, State, ZIP+4 Midland, TX 79707

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 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
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

2. Article Number (Transfer from service label) 7002 2030 0007 1224 0444

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

MOC-14

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mark Owen ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Mark Owen 10.1.03

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

2. Article Number (Transfer from service label) 7002 2030 0007 1224 0420

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MOC-14

7002 2030 0007 1224 0444

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

Postmark Here

Sent To
Mr. Charles C. Moore
Street, Apt. No.; or PO Box No. 138 Harvard Ave.
City, State, ZIP+4 Mill Valley, CA 94941

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

2. Article Number *(Transfer from service label)* 7002 2030 0007 1224 0383

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

MOC-14

7002 2030 0007 1224 0383

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

Postmark Here

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

PS Form 3800, June 2002 See Reverse for Instructions

7002 2030 0007 1224 0475

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

Postmark Here
SEP 19 2003

Sent To
Mr. J.W. Gendron
Street, Apt. No.; or PO Box No. 1280 Encino Dr.
City, State, ZIP+4 San Marino, CA 91108

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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:

ChevronTexaco Inc.
15 Smith Road
Midland, Texas 79705

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

2. Article Number (Transfer from service label) 7003 1010 0003 6980 6206

PS Form 3811, August 2001 Domestic Return Receipt MOC-14 102595-02-M-1640

7003 1010 0003 6980 6206

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

USPS SANTA FE NM
SEP 29 2003
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Sent To
ChevronTexaco Inc.
Street, Apt. No.; or PO Box No. 15 Smith Road
City, State, ZIP+4 Midland, Texas 79705

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