

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

APPLICATION OF MEWBOURNE OIL COMPANY
FOR APPROVAL OF A NON-STANDARD OIL SPACING
AND PRORATION UNIT, AN UNORTHODOX OIL
WELL LOCATION AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

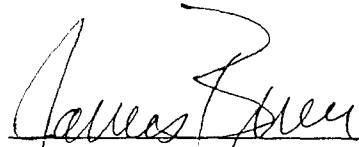
Case No. 14,607

AFFIDAVIT OF NOTICE

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

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

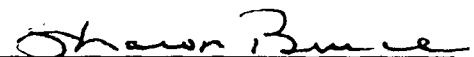
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known 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 Rules NMAC 19.15.4.9 and 19.15.4.12.C.



James Bruce

SUBSCRIBED AND SWORN TO before me this 25th day of February, 2011 by James Bruce.

My Commission Expires: 3/14/13



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

February 8, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

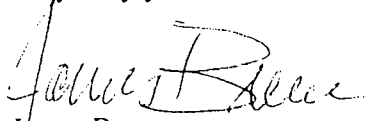
Ladies and gentlemen:

Enclosed is an application for compulsory pooling and a non-standard unit, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the N $\frac{1}{2}$ S $\frac{1}{2}$ of Section 30, Township 18 South, Range 30 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, March 3, 2011, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, February 24, 2011. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

EXHIBIT

A

- 1) Bernard Jones
Unknown Address
- 2) Chisos, Ltd.
670 Dona Ana Road, SW
Deming, New Mexico 88030
Attn: Sue Ann Craddock
- 3) James K. and Martha L. Lusk, Trustees of
The James K. Lusk and Martha L. Lusk
Trust UTA dated 4-29-1992
Unknown Address
- 4) Jerry Wilbanks
P.O. Box 160
Ariesia, NM 88211
- 5) Kessler Family Trust
5316 E. Calle Del Media
Phoenix, Arizona 85018
Attn: Stephen E. Kessler, Trustee
- 6) Monarch Oil & Gas, Inc.
110 West County Club, Ste. 6
Roswell, New Mexico 88201
- 7) Orion Investments, LLC
275 East South Temple, Suite 250
Salt Lake City, Utah 84111
- 8) Permian Basin Investment Corporation
1451 S. Miami Ave., #405
Miami, Florida 33130
Attn: Anna S. Mitchell
- 9) Richard S. Escobedo
7088 S. Garrison St.
Littleton, CO 80128
- 10) Ron J. Green and Amie A. Green
110 West County Club, Ste. 6
Roswell, New Mexico 88201

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

Sent To
 Monarch Oil & Gas, Inc.
 110 West County Club, Ste. 6
 Russell, New Mexico 88201

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

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4875 6575

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 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.

2. Article Number (Transfer from service label) **7008 0500 0001 4875 6551**

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004
 Domestic Return Receipt **M-70**
 102595-02-M-1540

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4875 6575

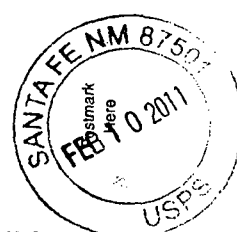
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To
 Permian Basin Investment Corporation
 1451 S. Miami Ave., #405
 Miami, Florida 33130
 Attn: Anna S. Mitchell

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

PS Form 3800, August 2006 See Reverse for Instructions



PS Form 3811, February 2004
 Domestic Return Receipt **M-70**
 102595-02-M-1540

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4875 6575

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 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.

2. Article Number (Transfer from service label) **7008 0500 0001 4875 6575**

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004
 Domestic Return Receipt **M-70**
 102595-02-M-1540

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4875 6575

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Chancy Choate*
 Agent
 Addressee

B. Received by (Printed Name)
 Chancy Choate
 Date of Delivery 2-11-11

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

PS Form 3800, August 2006 See Reverse for Instructions

PS Form 3811, February 2004
 Domestic Return Receipt **M-70**
 102595-02-M-1540

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4875 6575

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:

Kessler Family Trust
 5316 E. Calle Del Medio
 Phoenix, Arizona 85018
 Attn: Stephen E. Kessler, Trustee

2. Article Number (Transfer from service label) / 7008 0500 0001 4875 6582

PS Form 3811, February 2004

Domestic Return Receipt N-76

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 X *Stephen Kessler* Addresssee
- B. Received by (Printed Name) *Stephen Kessler* C. Date of Delivery *2-12-11*
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

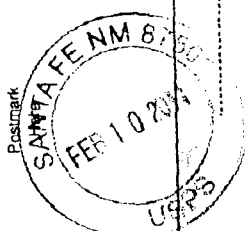
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

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

Sent To
 Richard S. Escobedo
 7088 S. Garrison St.
 Littleton, CO 80128
 City, State, ZIP+4



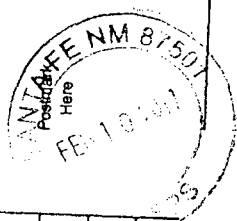
PS Form 3800, August 2006 See Reverse for Instructions

559 529 1000 0050 8002

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

Sent To
 Kessler Family Trust
 5316 E. Calle Del Medio
 Phoenix, Arizona 85018
 Attn: Stephen E. Kessler, Trustee
 City, State, ZIP+4



PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4875 6582

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 S. Escobedo
 7088 S. Garrison St.
 Littleton, CO 80128

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
[Signature] Addresssee
- B. Received by (Printed Name) *[Signature]* C. Date of Delivery *2-12*
- 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) / 7008 0500 0001 4875 6544

PS Form 3811, February 2004

Domestic Return Receipt N-76

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:

Chinos, Ltd.
670 Dona Ana Road, SW
Denning, New Mexico 88130
Attn: Sue Ann Craddock

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7008 0500 0001 4875 6605**
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt **A-30** 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- Signature **X Ron J Green**
- Agent
- Addressee
- Received by (Printed Name) **Britta Johnson**
- Date of Delivery

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

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



Sent To
Ron J. Green and Annie A. Green
110 West County Club, Ste. 6
Roswell, New Mexico 88201
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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



Sent To
Chinos, Ltd.
670 Dona Ana Road, SW
Denning, New Mexico 88130
Attn: Sue Ann Craddock
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:

Ron J. Green and Annie A. Green
110 West County Club, Ste. 6
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

- Signature **X Cheney Choate**
- Agent
- Addressee
- Received by (Printed Name) **Cheney Choate**
- Date of Delivery **2-11-11**

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7008 0500 0001 4875 6537**
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt **M-30** 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:

Jerry Wilbanks
P.O. Box 160
Artesia, NM 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Jerry Wilbanks

B. Received by (Printed Name)
Jerry Wilbanks

C. Date of Delivery
FEB 14 2011

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: 7008 0500 0001 4875 6599
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt *M-30*

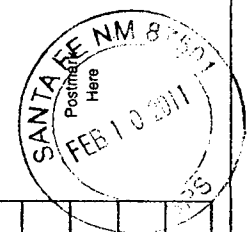
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	



Sent To
 Jerry Wilbanks
 Street: Ap P.O. Box 160
 or PO Box Artesia, NM 88211
 City, State, ZIP+4

7008 0500 0001 4875 6599