

**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. 14,643**

**AFFIDAVIT OF NOTICE**

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

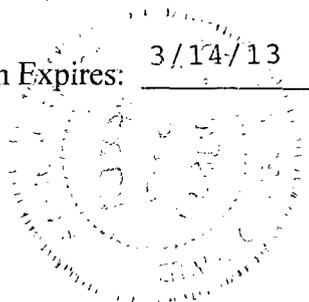
James Bruce, being duly sworn upon his oath, deposes and states:

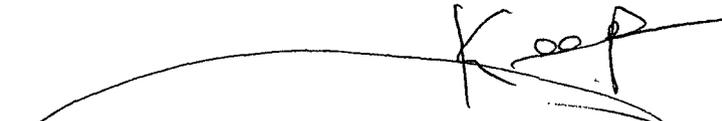
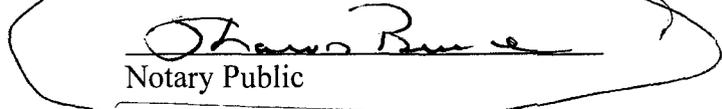
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the offsets 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 11<sup>th</sup> day of May, 2011 by James Bruce.

My Commission Expires: 3/14/13



  
  
Notary Public

Oil Conservation Division  
Case No. 8  
Exhibit No. 8

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. 14,643

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 offset operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the offsets 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 11<sup>th</sup> day of May, 2011 by James Bruce.



My Commission Expires: 3/14/13

Notary Public

Oil Conservation Division  
Case No. \_\_\_\_\_  
Exhibit No. 8

**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)

April 21, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

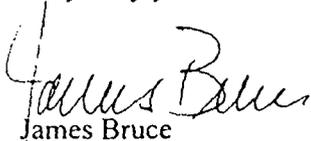
Echo Production, Inc.  
P.O. Box 1210  
Graham, Texas 76450

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, unorthodox well location, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the W $\frac{1}{2}$ SW $\frac{1}{4}$  of Section 15, Township 20 South, Range 25 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 12, 2011, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset operator or lessee, 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, May 5, 2011 if you intend to participate in the hearing.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

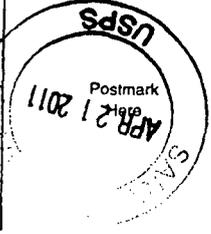
7008 0500 0001 4875 6636

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**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. Echo Production, Inc. P.O. Box 1210  
 City, State, ZIP+4 Graham, Texas 76450

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:  
 Echo Production, Inc.  
 P.O. Box 1210  
 Graham, Texas 76450

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X Taylor Doyle  Addressee

B. Received by (Printed Name) Taylor Doyle C. Date of Delivery 2/2/11

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

2. Article Number (Transfer from service label) 7008 0500 0001 4875 6636

**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)

April 21, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

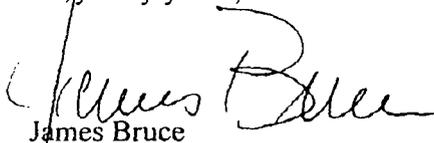
Ladies and gentlemen:

Enclosed is a copy of an application for an unorthodox well location, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the W $\frac{1}{2}$ SW $\frac{1}{4}$  of Section 15, Township 20 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 12, 2011, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset lessee, 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, May 5, 2011 if you intend to participate in the hearing.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

Myco Industries, Inc.  
P.O. Box 840  
Artesia, New Mexico 88211

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

Hawkins Exploration, Inc.  
Suite 1350  
200 North Loraine Street  
Midland, Texas 79701

McCombs Energy, LLC  
Suite 1200  
5599 San Felipe  
Houston, Texas 77056

Occidental Permian Limited Partnership  
5 Greenway Plaza  
Houston, Texas 77046

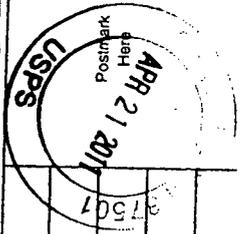
Rubicon Oil and Gas II, LP  
Suite 500  
508 West Wall Avenue  
Midland, Texas 79701

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

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

Sent To: McCombs Energy, LLC  
 Street, Apt. No., Suite 1200  
 or PO Box No. 5399 San Felipe  
 City, State, ZIP+4 Houston, Texas 77056

PS Form 3800, August 2006 See Reverse for Instructions



**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.

Occidental Permian Limited Partnership  
 5 Greenway Plaza  
 Houston, Texas 77046

2. Article Number  
*(Transfer from service label)* 7008 0500 0001 4875 6650

PS Form 3811, February 2004 Domestic Return Receipt M L M C 15102595-02-M-1540

**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.

McCombs Energy, LLC  
 Suite 1200  
 5399 San Felipe  
 Houston, Texas 77056

2. Article Number  
*(Transfer from service label)* 7008 0500 0001 4875 6667

PS Form 3811, February 2004 Domestic Return Receipt M L M C 15102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] Agent Addressee  
 B. Received by [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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] Agent Addressee  
 B. Received by [Signature] C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

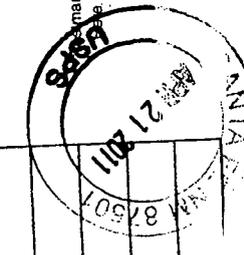
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

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

Sent To: Occidental Permian Limited Partnership  
 5 Greenway Plaza  
 Houston, Texas 77046

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:

Rubicon Oil and Gas II, LP  
Suite 500  
508 West Wall Avenue  
Midland, Texas 79701

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

(Transfer from service label) 7008 0500 0001 4875 6643

PS Form 3811, February 2004

Domestic Return Receipt **M L 15-1** 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name) Ben Hawkins Date of Delivery 4-26-11
- D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

Hawkins Exploration, Inc.  
Suite 1350  
200 North Loraine Street  
Midland, Texas 79701

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

Sent to Hawkins Exploration, Inc.  
Suite 1350  
Street, Apt. No.: 200 North Loraine Street  
or PO Box No. Midland, Texas 79701  
City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent to Hawkins Exploration, Inc.  
Suite 1350  
Street, Apt. No.: 200 North Loraine Street  
or PO Box No. Midland, Texas 79701  
City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent to Rubicon Oil and Gas II, LP  
Suite 500  
Street, Apt. No.: 508 West Wall Avenue  
or PO Box No. Midland, Texas 79701  
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:

Hawkins Exploration, Inc.  
Suite 1350  
200 North Loraine Street  
Midland, Texas 79701

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

Sent to Hawkins Exploration, Inc.  
Suite 1350  
Street, Apt. No.: 200 North Loraine Street  
or PO Box No. Midland, Texas 79701  
City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received by (Printed Name) Ben Hawkins Date of Delivery 4-26-11
- 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)

7008 0500 0001 4875 6674

PS Form 3811, February 2004

Domestic Return Receipt **M L 15-1** 102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

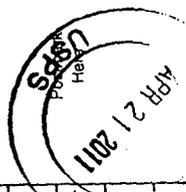
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

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

PS Form 3800, August 2005 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:

Myco Industries, Inc.  
P.O. Box 840  
Artesia, New Mexico 88211

2. Article Number  
(Transfer from service label)

7010 1670 0000 8679 8439

PS Form 3811, February 2004

Domestic Return Receipt *ML 151* 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:

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

2. Article Number  
(Transfer from service label)

7008 0500 0001 4875 6681

PS Form 3811, February 2004

Domestic Return Receipt *ML 151* 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X* *Collyer*  Agent  Addressee

B. Received by (Printed Name) *Collyer* 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

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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



Sent To: Myco Industries, Inc.  
Street, Apt. No.: P.O. Box 840  
or P.O. Box No. Artesia, New Mexico 88211  
City, State, Zip+4

PS Form 3800, August 2005 See Reverse for Instructions

7010 1670 0000 8679 8439