

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

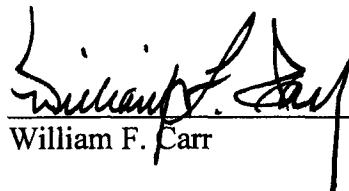
**APPLICATION OF MYCO INDUSTRIES, INC.
FOR COMPULSORY POOLING AND A NON-
STANDARD ATOKA SPACING UNIT,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 13325

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Mewbourne Oil Company, the Applicant herein, being first duly sworn, upon oath, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.

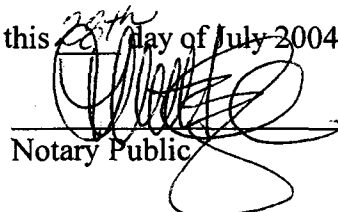


William F. Carr



SUBSCRIBED AND SWORN to before me this 28th day of July 2004 by William F. Carr.

OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/07



Notary Public

My Commission Expires: 01/14/07

EXHIBIT A

**IN THE MATTER OF THE APPLICATION
OF MYCO INDUSTRIES, INC., FOR COMPULSORY
POOLING AND NON-STANDARD ATOKA SPACING UNIT
EDDY COUNTY, NEW MEXICO.
(Lonetree "14" State Com Well No. 1)**

For Compulsory Pooling

J.W. Gendron
1280 Encino Drive
San Marino CA 91108

Isaac A. Kawasaki or
Rube F. Kawasaki
c/o James M. Narita
734 Kalanipuer Street
Honolulu, HI 96825

E.G. Holden Testamentary Trust
2524 Union Street
San Francisco, CA 94123

Betsy H. Keller
2524 Union Street
San Francisco, CA 94123

Joseph R. Hodges
Post Office Box 5238
Austin, TX 78763

For the Non-Standard Spacing Unit

Devon Energy Corporation
20 North Broadway Avenue, Suite 1500
Oklahoma City, Oklahoma 73102

Mewbourne Oil Company
500 West Texas
Suite 1020
Midland, TX 79701



July 27, 2004

ALL AFFECTED INTEREST OWNERS

Re: Application of MYCO Industries, Inc., for compulsory pooling and a non-standard Atoka spacing unit, Eddy County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that MYCO Industries, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking the force pooling of all mineral interests from the surface to the base of the Morrow formation in the E/2 of Section 14, Township 21 South, Range 27 East, N.M.P.M., Eddy County, New Mexico. MYCO proposes to dedicate the referenced pooled units to its Lonetree "14" State Com Well No. 1 located 660 feet from the South line and 1980 feet from the East Line (Unit O) of said Section 14. The well is at a standard location in all formations, however, in the Atoka formation, MYCO seeks authorization to form a non-standard gas spacing unit comprised of the SE/4 of said Section 14.

This application has been set for hearing before a Division Examiner on August 19, 2004. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement three days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all 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 are to be resolved prior to the hearing.

Very truly yours,

William F. Carr
Attorney for MYCO Industries, Inc.

WFC:keh
Enclosures

cc: Shari Darr Hodges
MYCO Industries, Inc.

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

OFFICIAL

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To **Devon Energy Corporation**
20 North Broadway Avenue,
1500
Oklahoma City, Oklahoma

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

PS Form 3800, July 1999

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:
Devon Energy Corporation
20 North Broadway Avenue, Suite 1500
Oklahoma City, Oklahoma 73102

2. Article Number (Copy from back of mailpiece)
7001 1140 0002 5602 4845

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature **X [Signature]** ☐ Agent ☐ Addressee

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
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To **J.W. Gendron**
1280 Encino Drive
San Marino CA 91108

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

PS Form 3800, July 1999

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:
Joseph R. Hodges
Post Office Box 5238
Austin, TX 78763

2. Article Number (Copy from back of mailpiece)
7001 1140 0002 5602 4838

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **S. R. Hodges** B. Date of Delivery **7-28-04**

C. Signature **X [Signature]** ☐ Agent ☐ Addressee

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
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65

Sent To **Joseph R. Hodges**
Post Office Box 5238
Austin, TX 78763

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

PS Form 3800, July 1999

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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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.

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Agent
☐ Addressee
☐ Yes
☐ No

1. Article Addressed to:

E.G. Holden Testamentary Trust
2524 Union Street
San Francisco, CA 94123

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 (Copy from se 7001 1140 0002 5602 4814

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

D. Is delivery address different from item 1? If YES, enter delivery address below:

☒ Agent
☐ Addressee
☐ Yes
☒ No

1. Article Addressed to:

Isaac A. Kawasaki or
Rube F. Kawasaki
c/o James M. Narita
734 Kalanipuer Street
Honolulu, HI 96825

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 (Copy from s 7001 1140 0002 5602 4807

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

Postage \$ 1.60
Certified Fee 2.30
Return Receipt Fee (Endorsement Required) 1.75
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.65

JUL 28 2004
8699

Postmark Here

Sent To Betsy H. Keller
2524 Union Street
San Francisco, CA 94123
Street, Apt. No., or PO Box No.
City, State, ZIP+

PS Form 3800

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

OFFICIAL MAIL

Postage	\$ 1.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.76
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.66

Sent To **Mewbourne Oil Company**
500 West Texas
Suite 1020
Midland, TX 79701

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

PS Form 3800

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:

Mewbourne Oil Company
500 West Texas
Suite 1020
Midland, TX 79701

2. Article Number (Copy from se

7001 1140 0002 5602 4852

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **G Barnett** B. Date of Delivery **8/2**

C. Signature **X [Signature]** ☐ Agent ☐ Addressee

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

Domestic Return Receipt

102595-00-M-0952