

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

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

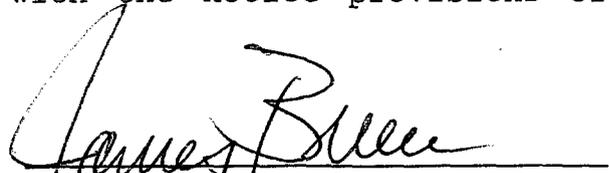
Case No. 13,359

AFFIDAVIT REGARDING NOTICE

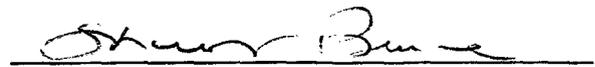
STATE OF NEW MEXICO            )  
  ) ss.  
COUNTY OF SANTA FE            )

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

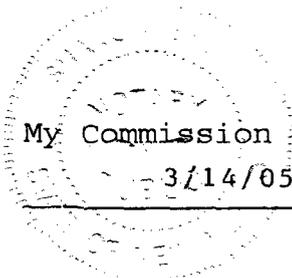
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.
2. I am an attorney for Applicant.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.
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 15th day of October, 2004, by James Bruce.

  
Notary Public

My Commission Expires:  
3/14/05



OIL CONSERVATION DIVISION  
CASE NUMBER  
EXHIBIT NUMBER **6**

**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

September 30, 2004

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Chesapeake Energy Corporation  
P.O. Box 18496  
Oklahoma City, Oklahoma 73154

Attention: Lynda F. Townsend

James D. Finley  
Suite 200  
1308 Lake Street  
Fort Worth, Texas 76102

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 N $\frac{1}{2}$  of Section 9, Township 21 South, Range 35 East, N.M.P.M., Lea County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, October 21, 2004 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 15, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

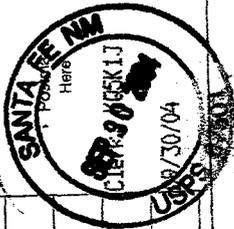


**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0006 5987 5688

OKLAHOMA CITY, OK 73154

Postage	\$ 0.37	UNIT ID: 0500
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)	4.42	
<b>Total Postage &amp; Fees</b>	<b>\$</b>	



Sent to  
Cheapeake Energy Corporation  
Street, Apt. No.,  
P.O. Box No. 18496  
or PO Box No. Oklahoma City, Oklahoma 73154  
City, State, ZIP+4

PS Form 3800, January 2003

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:

James D. Finley  
Suite 200  
1308 Lake Street  
Fort Worth, Texas 76102

2. Article Number  
(Transfer from service label)

7001 2510 0006 5987 5688

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 B. Received by (Printed Name)  Addressee  
 C. Date of Delivery 10/4/04  
 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 Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0006 5987 5688

FORT WORTH, TX 76102

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City, State, ZIP+4



PS Form 3800, January 2003

See Reverse for Instructions