

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

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

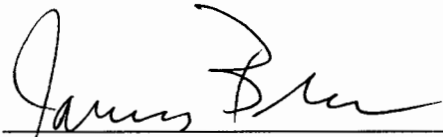
Case No. 14,977

AFFIDAVIT OF NOTICE

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

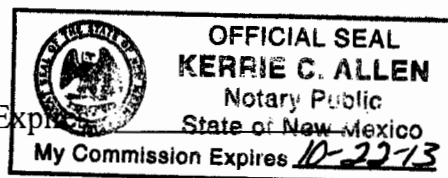
James Bruce, being duly sworn upon his oath, deposes and states:

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 receipt are attached hereto as Exhibit 1.
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 10th day of July, 2013 by James Bruce.

My Commission Expires




Notary Public

Oil Conservation Division
Case No. _____
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

March 28, 2013

To: Persons on Exhibit A

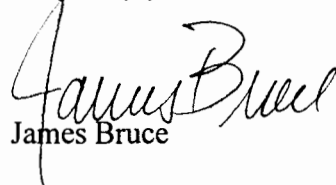
Ladies and gentlemen:

Enclosed is an application for compulsory pooling, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the W $\frac{1}{2}$ E $\frac{1}{2}$ of Section 35, Township 23 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 18, 2013, 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, April 11, 2013. 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 1

EXHIBIT A

Pavlos P. Panagopoulos
Panagopoulos Enterprises
Andreas P. Panagopoulos
615 Willowbrook
Belen, NM 87002

Klipstine & Hanratty and
James W. Klipstine
1601 N. Turner, Suite 400
Hobbs, NM 88240

Kevin J. Hanratty
P.O. Box 1330
Artesia, NM 88211

Mary Jo Dickerson
P.O. Box 642
Glenpool, OK 74033

LBD, a Limited Partnership
P.O. Box 686
Hobbs, NM 8824

Wells Fargo Bank, N.A.
2318 W. Pierce Street
Carlsbad, NM 88220

First Federal Savings and Loan Association
P.O. Box 1390
Littlefield, TX 79339

Clarence W. Ervin and
Mary I. Ervin
4016 Jones Street
Carlsbad, NM 88220

Bonnie R. Gregory and
Irma J. Gregory
305 S. Hemlock Ave.
Roswell, NM 88203

Stanley J. Gregory
3510 Joshua Street
Carlsbad, NM 88220

Laura Meade
611 N. Mesa Ave.
Carlsbad, NM 88203

Neville Manning
2112 Indiana
Lubbock, TX 79410

Nolan Greak
8008 Slide Road, Suite #33
Lubbock, TX 79424

Panagiota P. Panagopoulos and
Magdalene P. Panagopoulos
1008 Ranch Hand Ave.
Las Vegas, NV 89117

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:

Kevin J. Hanratty
P.O. Box 1330
Artesia, NM 88211

Pl. RA?
PO 1330

2. Article Number

(Transfer from service label)

7012 3050 0001 7057 9047

PS Form 3811, February 2004

Domestic Return Receipt

M-L

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sophy Bensen

☐ Agent☐ Addressee

B. Received by (Printed Name)

Sophy Bensen

C. Date of Delivery

4-1-13

D. Is delivery address different from item 1?

☐ YesIf 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™

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CARLSBAD NM 88220

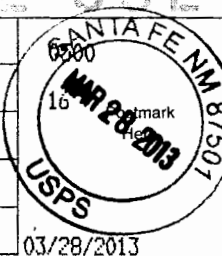
Postage \$ 1.12

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.77



Sent To

Wells Fargo Bank, N.A.

Street, Apt. No., or PO Box No. 2318 W. Pierce Street

City, State, ZIP+4 Carlsbad, NM 88220

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

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ARTESIA NM 88211

Postage \$ 1.12

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.77

Sent To

Kevin J. Hanratty
P.O. Box 1330
Artesia, NM 88211

Street, Apt. No., or PO Box No.

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:

Wells Fargo Bank, N.A.
2318 W. Pierce Street
Carlsbad, NM 88220

2. Article Number

(Transfer from service label)

7012 3050 0001 7057 9023

PS Form 3811, February 2004

Domestic Return Receipt

M-L

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

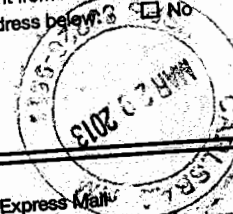
D. Is delivery address different from item 1?

☐ YesIf 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

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:

Neville Manning
2112 Indiana
Lubbock, TX 79410

2. Article Number

(Transfer from service label)

7012 3050 0001 7057 9092

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Porende Berry

C. Date of Delivery

4/11/13

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ 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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LUBBOCK TX 79424

Postage

\$ 1.12

Certified Fee

\$3.10

Return Receipt Fee
(Endorsement Required)

\$2.55

Restricted Delivery Fee
(Endorsement Required)

\$0.00

Total Postage & Fees

\$ 6.77

0500

16

Postmark



Sent To

Nolan Greak

Street, Apt. No.,

8008 Slide Road, Suite #33

or PO Box No.

Lubbock, TX 79424

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

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LUBBOCK TX 79410

Postage

\$ 1.12

Certified Fee

\$3.10

Return Receipt Fee
(Endorsement Required)

\$2.55

Restricted Delivery Fee
(Endorsement Required)

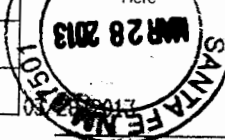
\$0.00

Total Postage & Fees

\$ 6.77

0500

16

Postmark
Here

Sent To

Neville Manning

2112 Indiana

Street, Apt. No.,

Lubbock, TX 79410

or PO Box No.

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:

Nolan Greak
8008 Slide Road, Suite #33
Lubbock, TX 79424

2. Article Number

(Transfer from service label)

7012 3050 0001 7057 9085

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Nolan Greak

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Bonnie R. Gregory
Irma J. Gregory
305 S. Hemlock Ave.
Roswell, NM 88203

2. Article Number

(Transfer from service label)

7012 3050 0001 7057 8996

PS Form 3811, February 2004

Domestic Return Receipt

M-L

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Irma J. Gregory

☐ Agent☒ Addressee

B. Received by (Printed Name)

IRMA GREGORY

C. Date of Delivery

4-11-15

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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CARLSBAD NM 88220

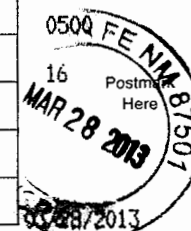
Postage \$ 1.12

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.77



Sent To

Stanley J. Gregory
3510 Joshua Street
Carlsbad, NM 88220

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

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ROSWELL NM 88203

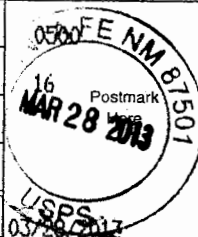
Postage \$ 1.12

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.77



Sent To

Bonnie R. Gregory and
Irma J. Gregory
305 S. Hemlock Ave.
Roswell, NM 88203

Street, Apt. No.,
or PO Box No.

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:

Stanley J. Gregory
3510 Joshua Street
Carlsbad, NM 88220

2. Article Number

(Transfer from service label)

7012 3050 0001 7057 8989

PS Form 3811, February 2004

Domestic Return Receipt

M-L

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

E. J. Gregory

☐ Agent☒ Addressee

B. Received by (Printed Name)

E. J. Gregory

C. Date of Delivery

3-30-15

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

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:

Clarence W. Ervin and
Mary I. Ervin
4016 Jones Street
Carlsbad, NM 88220

2. Article Number

(Transfer from service label)

7012 3050 0001 7057 9009

PS Form 3811, February 2004

Domestic Return Receipt

M-L

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ 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

U.S. Postal Service™

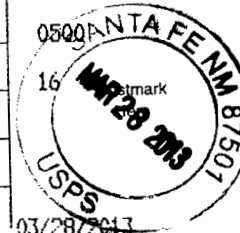
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For delivery information visit our website at www.usps.com

LITTLEFIELD, TX 79339

Postage \$ 1.12
Certified Fee \$3.10
Return Receipt Fee (Endorsement Required) \$2.55
Restricted Delivery Fee (Endorsement Required) \$0.00
Total Postage & Fees \$ 6.77



Sent To First Federal Savings and Loan Association
P.O. Box 1390
Littlefield, TX 79339
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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For delivery information visit our website at www.usps.com

CARLSBAD, NM 88220

Postage \$ 1.12
Certified Fee \$3.10
Return Receipt Fee (Endorsement Required) \$2.55
Restricted Delivery Fee (Endorsement Required) \$0.00
Total Postage & Fees \$ 6.77



Sent To Clarence W. Ervin and
Mary I. Ervin
4016 Jones Street
Carlsbad, NM 88220
Street, Apt. No., or PO Box No.
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:

First Federal Savings and Loan Association
P.O. Box 1390
Littlefield, TX 79339

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ 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)

7012 3050 0001 7057 9016

PS Form 3811, February 2004

Domestic Return Receipt

M-L

102595-02-M-1540

7012 3050 0001 7057 9078

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LAS VEGAS NV 89117

Postage	\$ 0.66	0500
Certified Fee	\$3.10	16
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.31	03/28/2013

Sent To
Panagiota P. Panagopoulos and
Magdalene P. Panagopoulos
1008 Ranch Hand Ave.
Las Vegas, NV 89117
City, State, ZIP+4

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) MAGDALENE PANAGOPOULOS C. Date of Delivery 4/5/13
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

7012 3050 0001 7057 9078

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:

Pavlos P. Panagopoulos
Panagopoulos Enterprises
Andreas P. Panagopoulos
615 Willowbrook
Belen, NM 87002

2. Article Number
(Transfer from service label) 7012 3050 0001 7057 9061

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Pavlos Panagopoulos C. Date of Delivery 4/3/2013
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



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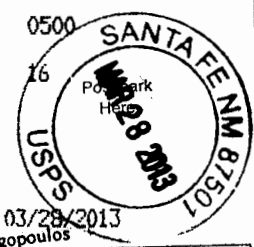
For delivery information visit our website at www.usps.com

BELEN NM 87002

Postage	\$ 1.12
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.77

Sent To
Pavlos P. Panagopoulos
Panagopoulos Enterprises
Andreas P. Panagopoulos
615 Willowbrook
Belen, NM 87002
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



5968 2502 1000 050E 2102

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GLENPOOL OK 74033

Postage	\$ 1.12
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.77



03/28/2013

Sent To	Mary Jo Dickerson
	P.O. Box 642
Street, Apt. No., or PO Box No.	Glenpool, OK 74033
City, State, ZIP+4	

PS Form 3800, August 2006

See Reverse for Instructions

CERTIFIED MAIL™



7012 3050 0001 7057 8965

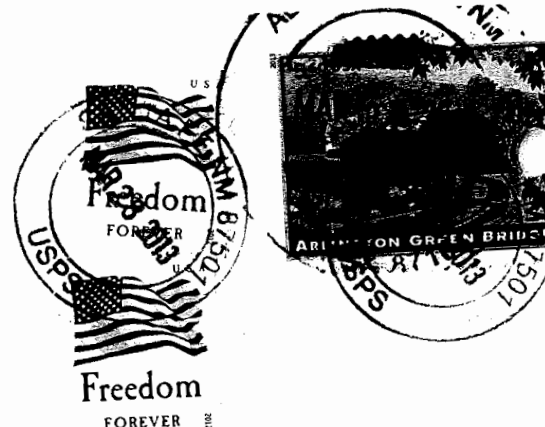
James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

04/09/2013

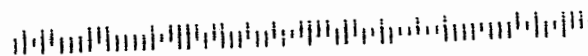
UTF

Mary Jo Dickerson
P.O. Box 642
Glenpool, OK 74033

875033-0542 B004



UTF



7012 3050 0001 7057 8972

U.S. Postal Service™	
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<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
ROSWELL NM 88203	
Postage	\$ 1.12
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.77
	
Sent To	Laura Meade
Street, Apt. No., or PO Box No.	611 N. Mesa Ave. Carlsbad, NM 88203
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

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

CERTIFIED MAIL™



7012 3050 0001 7057 8972

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

05/03/2013

Handwritten signature and initials

Laura Meade
611 N. Mesa Ave.
Carlsbad, NM 88203



1000



88203

U.S. POSTAGE
PAID
SANTA FE, NM
87501
MAR 28, 13
AMOUNT

\$6.77

00037612-16

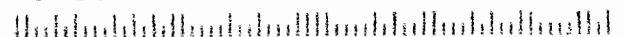
Handwritten: 4-18 11-28

NIXIE 871 DE 1 00 05/01/13

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *1755-01390-01-16

87504@1056



7012 3050 0001 7057 9030

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HOBBS NM 88241

Postage	\$ 1.12
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.77

Sent To: LBD, a Limited Partnership
P.O. Box 686
Hobbs, NM 8824

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

PS Form 3800, August 2006 See Reverse for Instructions



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

CERTIFIED MAIL™

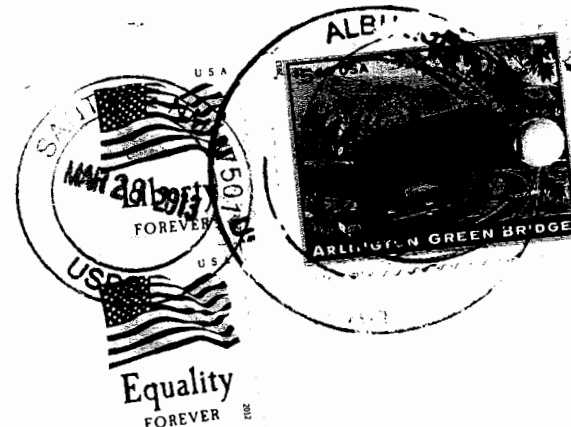


7012 3050 0001 7057 9030

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

04/22/13

LBD, a Limited Partnership
P.O. Box 686
Hobbs, NM 8824



NAME _____
1st Notice 4-7
2nd Notice 4-9
Return 4-19

UNC

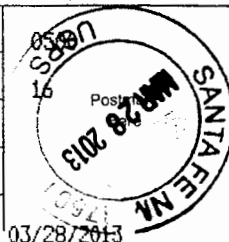
824190885 8006

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HOBBS NM 88240

Postage	\$	\$0.66
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.31



Sent To Klipstine & Hanratty and
 James W. Klipstine
 Street, Apt. No., 1601 N. Turner, Suite 400
 or PO Box No. Hobbs, NM 88240
 City, State, ZIP+4

PS Form 3800, August 2006

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ALBUQUERQUE NM 87102

22 MAR 2013 PM 1

7012 3050 0001 7057 9054

Klipstine & Hanratty and
 James W. Klipstine
 1601 N. Turner, Suite 400
 Hobbs, NM 88240



~
 3-29-13
 4-3-13
 4-13-13

UNC

8824014337



James Bruce
 P.O. Box 1056
 Santa Fe, New Mexico 87504

04/19/2013
 4-24
 5-4

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

May 23, 2013

To: Persons on Exhibit A

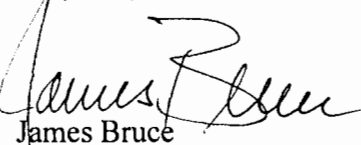
Ladies and gentlemen:

Enclosed is an application for a non-standard unit and compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the W½E½ of Section 35, Township 23 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, June 13, 2013, 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, June 6, 2013. 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

Thomas W. Gregory
1705 Black Gold St. S.E.
Albuquerque, NM 87123

Irma Jean Gregory
14 Cork
Alva, FL 33920

William E. Gregory
Suite 2B
11910 Central Ave. S.E.
Albuquerque, NM 87123

Kathy Gregory
Estate of Stan Gregory
608 Lakeside Dr.
Carlsbad, NM 88220

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:

Kathy Gregory
Estate of Stan Gregory
608 Lakeside Dr.
Carlsbad, NM 88220

2. Article Number

(Transfer from service label)

7012 0470 0001 5976 6016

PS Form 3811, February 2004

Domestic Return Receipt M Layla 35 03/ 102595-02-M-1540

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? ☐ YesIf 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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ALBUQUERQUE NM 87123

Postage \$ 0.66

0500

Certified Fee \$3.10

03

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.31

06/01/2013

Sent To

Thomas W. Gregory

Street, Apt. No.,
or PO Box No.1705 Black Gold St. S.E.
Albuquerque, NM 87123

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

CARLSBAD NM 88220

Postage \$ 0.66

0500

Certified Fee \$3.10

03

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.31

06/01/2013

Sent To

Kathy Gregory
Estate of Stan Gregory
608 Lakeside Dr.
Carlsbad, NM 88220

Street, Apt. No.,
or PO Box No.
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:

Thomas W. Gregory
1705 Black Gold St. S.E.
Albuquerque, NM 87123

2. Article Number

(Transfer from service label)

7012 0470 0001 5976 6047

PS Form 3811, February 2004

Domestic Return Receipt M Layla 35 03/ 102595-02-M-1540

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? ☐ YesIf 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

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 a separate sheet if space permits.

1. Article Addressed to:

Irma Jean Gregory
14 Cork
Alva, FL 33920

2. Article Number

(Transfer from service label)

7012 0470 0001 5976 6030

PS Form 3811, February 2004

Domestic Return Receipt

M Layla 3509 / 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Irma Jean Gregory*☐ Agent☒ Addressee

B. Received by (Printed Name)

L. Faria

C. Date of Delivery

06-5-13

D. Is delivery address different from item 1? ☐ YesIf 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)

For delivery information visit our website at www.usps.com

ALVA FL 33920

Postage	\$	\$0.66
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.31

0500

03

Postmark
Here

06/01/2013

Sent To *Irma Jean Gregory*
14 Cork
Street, Apt. No.,
or PO Box No. *Alva, FL 33920*
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 0470 0001 5976 6030

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CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

ALBUQUERQUE NM 87123

Postage	\$	\$0.66
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.31

06/01/2013

Sent To **William E. Gregory**
Suite 2B
 Street, Apt. No.,
 or PO Box No. **11910 Central Ave. S.E.**
Albuquerque, NM 87123
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

CERTIFIED MAIL™

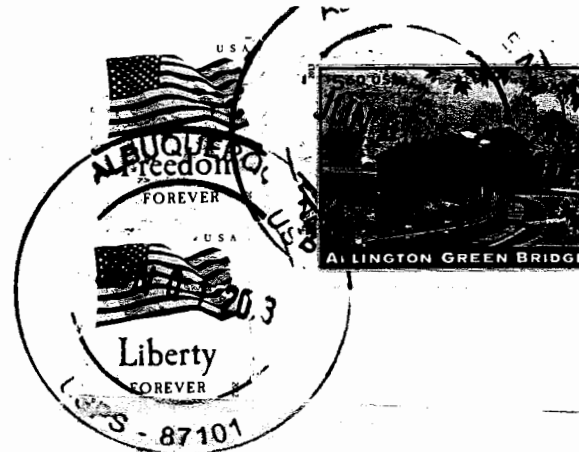


7012 0470 0001 5976 6023

William E. Gregory
Suite 2B
11910 Central Ave. S.E.
Albuquerque, NM 87123

James Bruce
 P.O. Box 1056
 Santa Fe, New Mexico 87504

06/21/2013



U.S. POSTAGE
 PAID
 SANTA FE, NM
 87501

NEXT 871 DE 1009 0006/10/13

RETURN TO SENDER
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 UNABLE TO FORWARD

BC: 87504105656 *2255-03859-01-44

8712330001500

