

**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 AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

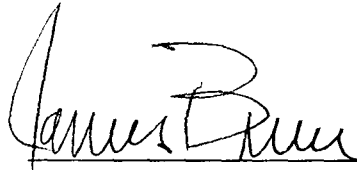
**Case No. 14,857**

**AFFIDAVIT OF NOTICE**

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

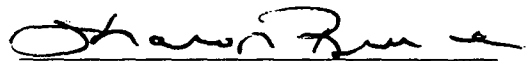
James Bruce, being duly sworn upon his oath, deposes and states:

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 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 19th day of August, 2012 by  
James Bruce.

My Commission Expires: 3/14/13

  
Notary Public

Oil Conservation Division  
Case No. \_\_\_\_\_  
Exhibit No. 1A

**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)

July 23, 2012

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

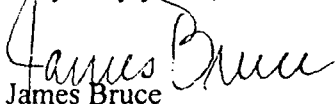
Ladies and gentlemen:

Enclosed is an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the W½W½ 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, August 23, 2012, 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, August 16, 2012. 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

7010 3090 0000 2336 5995

**U.S. Postal Service**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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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: Shannon C. Leonard, Trustee  
 of the S.C. Leonard Child's Trust  
 Street, Apt. No., or PO Box No.: 1018 Sunset Canyon Drive North  
 City, State, ZIP+4: Dripping Springs, TX 78620

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:

Boys Club of America  
 1275 Peachtree Street N.E.  
 Atlanta, GA 30309

2. Article Number  
 (Transfer from service label)

7010 3090 0000 2336 6008

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Eddie Rose* ☐ Agent ☒ Addressee  
 B. Received by (Printed Name): *Eddie Rose*  
 C. Date of Delivery: *7/25/12*  
 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

**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:

Shannon C. Leonard, Trustee  
 of the S.C. Leonard Child's Trust  
 1018 Sunset Canyon Drive North  
 Dripping Springs, TX 78620

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]* ☐ Agent ☒ Addressee  
 B. Received by (Printed Name): *[Signature]*  
 C. Date of Delivery: *7/25*  
 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)

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PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

Sent To: Boys Club of America  
 Street, Apt. No., or PO Box No.: 1275 Peachtree Street N.E.  
 City, State, ZIP+4: Atlanta, GA 30309

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.

Article Addressed to:

Myrna Joyce Bradford  
2404 Van Winkle Court  
Modesta, CA 95356

Article Number: 7010 3090 0000 2336 6022  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Myrna Bradford* ☐ Agent ☒ Addressee

B. Received by (Printed Name): *Myrna Bradford* 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

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service <sup>103</sup>

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

Sent To: Willis A. Paschal Trust No. 1  
Street, Apt. No., or PO Box No.: P.O. Box 98  
City, State, ZIP+4: Luray, KS 67649

PS Form 3800, August 2006

See Reverse for Instructions

5709 9EE2 0000 090E 0102

Postmark Here  
JUL 23 2007

U.S. Postal Service <sup>103</sup>

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

Sent To: Myrna Joyce Bradford  
2404 Van Winkle Court  
Modesta, CA 95356

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:

Willis A. Paschal Trust No. 1  
P.O. Box 98  
Luray, KS 67649

2. Article Number: 7010 3090 0000 2336 6015  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Willis A. Paschal* ☐ 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

2209 3EE2 0000 090E 0102

Postmark Here  
JUL 23 2007

PS Form 3800, August 2006

7010 3090 0000 2336 5988

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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	Bill C. Ruiz
Street, Apt. No., or PO Box No.	P.O. Box 161 Sultana, CA 93666
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:

Bill C. Ruiz  
 P.O. Box 161  
 Sultana, CA 93666

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☒ Addressee  
 X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* 8-3-12

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)

7010 3090 0000 2336 5988

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GET EMAIL UPDATES

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YOUR LABEL NUMBER

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SERVICE

STATUS OF YOUR ITEM

DATE &amp; TIME

LOCATION

FEATURES

Unclaimed

August 14, 2012, 1:54 pm

FRESNO, CA

Certified Mail™

Notice Left

August 02, 2012, 2:20 pm

FRESNO, CA 93703

Notice Left

July 28, 2012, 2:40 pm

FRESNO, CA 93728

Depart USPS Sort Facility

July 27, 2012

FRESNO, CA 93706

Processed through USPS Sort Facility

July 26, 2012, 10:58 pm

FRESNO, CA 93706

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To	Juan G. Ruiz
Street, Apt. No., or PO Box No.	c/o Mike A. Padilla 1225 North Thorne Avenue
City, State, ZIP+4	Fresno, CA 93728
PS Form 3800, August 2006	
See Reverse for Instructions	