

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 AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.


Case No. 15,194

AFFIDAVIT OF NOTICE

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

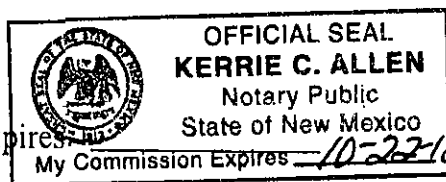
James Bruce, being duly sworn upon his oath, deposes and states:

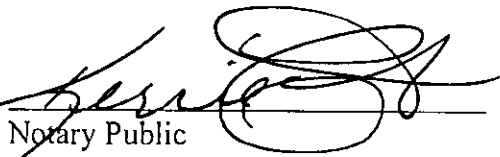
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application 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 receipts are attached hereto as Attachment 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 29th day of October, 2014 by
James Bruce.

My Commission Expires




Notary Public

Oil Conservation Division
Case No. 15194
Exhibit No. 3

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)

jamesbruce@aol.com

August 28, 2014

To: Persons on Exhibit A

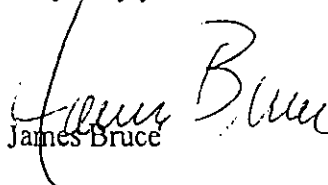
Ladies and gentlemen:

Enclosed is an application for compulsory pooling, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding a well in the S½N½ of Section 17, Township 20 South, Range 29 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 18, 2014, 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, September 11, 2014. 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

Attachment A

EXHIBIT A

Patricia A. McMillan
1104 Constant Spring Road
Austin, Texas 78746

Westway Petroleum
6440 N. Central Expressway, Suite 308
Dallas, TX 75206
Attn: Mr. Benjamin H. Read

Joanne M. Cains
6091 Gleneagles Ct.
Redding, CA 96003-9794

Mr. T. Grover Swift, Jr.
749 North Main St.
Fort Worth, TX 76164

Mr. Lewis F. Holmes
1109 SC Highway 191
Trenton, SC 29847

Ms. Marcia Kamph,
Successor Trustee of Trust 454F
1320 E. Ocean Front
Newport Beach, CA 92661

Mr. Anthony Hawe
2724 American Sadler Dr.
Park City, Utah 84060

Estate of Athur A. Ostmann
c/o The Frahm Law Firm, LLC
5770 Mexico Road, Suite A
St. Peters, MO 63376
Attn: Lorna L. Frahm

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:

Estate of Arthur A. Ostmann
c/o The Frahm Law Firm, LLC
5770 Mexico Road, Suite A
St. Peters, MO 63376
Attn: Lorna L. Frahm

2. Article Number

(Transfer from service label)

7013 3020 0000 4636 0050

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rebecca Veladique* Agent

B. Received by (Printed Name)

Rebecca Veladique

C. Date of Delivery

9/2

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

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

Postage

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

Sent To

Westway Petroleum

6440 N. Central Expressway, Suite 308
Dallas, TX 75206

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

Attn: Mr. Benjamin H. Read

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

Postage

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage

Estate of Arthur A. Ostmann
c/o The Frahm Law Firm, LLC
5770 Mexico Road, Suite A
St. Peters, MO 63376

Sent To

Attn: Lorna L. Frahm

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:

Westway Petroleum
6440 N. Central Expressway, Suite 308
Dallas, TX 75206
Attn: Mr. Benjamin H. Read

2. Article Number

(Transfer from service label)

7013 3020 0000 4636 0111

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Deborah James* Agent

B. Received by (Printed Name)

Deborah James

C. Date of Delivery

9/1/14

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> | |
| <p>1. Article Addressed to:</p> <p>Joanne M. Cains 6091 Gleneagles Ct. Redding, CA 96003-9794</p> | | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> | |
| <p>2. Article Number</p> <p>(Transfer from service label)</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>7013 3020 0000 4636 0104</p> | | <p>PS Form 3811, July 2013 Domestic Return Receipt</p> | |

| U.S. Postal Service™ | |
|---|--|
| <p>CERTIFIED MAIL™ RECEIPT</p> <p>(Domestic Mail Only; No Insurance Coverage Provided)</p> <p>For delivery information visit our website at www.usps.com</p> | |
| <p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p> | <p>Postmark Here</p> <p>4107 07 2013</p> |
| <p>Sent To: Ms. Marcia Kamph, Successor Trustee of Trust 454F 1320 E. Ocean Front Newport Beach, CA 92661</p> | |
| <p>PS Form 3800, August 2006 See Reverse for Instructions</p> | |

| U.S. Postal Service™ | |
|---|--|
| <p>CERTIFIED MAIL™ RECEIPT</p> <p>(Domestic Mail Only; No Insurance Coverage Provided)</p> <p>For delivery information visit our website at www.usps.com</p> | |
| <p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p> | <p>Postmark Here</p> <p>4107 07 2013</p> |
| <p>Sent To: Joanne M. Cains 6091 Gleneagles Ct. Redding, CA 96003-9794</p> | |
| <p>PS Form 3800, August 2006 See Reverse for Instructions</p> | |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|--|
| <p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece or on the front if space permits.</p> | | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> | |
| <p>1. Article Addressed to:</p> <p>Ms. Marcia Kamph, Successor Trustee of Trust 454F 1320 E. Ocean Front Newport Beach, CA 92661</p> | | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> | |
| <p>2. Article Number</p> <p>(Transfer from service label)</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>7013 3020 0000 4636 0074</p> | | <p>PS Form 3811, July 2013 Domestic Return Receipt</p> | |

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:

Mr. Anthony Hawe
2724 American Sadler Dr.
Park City, Utah 84060

COMPLETE THIS SECTION ON DELIVERY

A. 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number 7013 3020 0000 4636 0067

Transfer from service label

Form 3811, July 2013

Domestic Return Receipt

MOC

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

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

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

Postmark Here

Sent To Mr. T. Grover Swift, Jr.
Street, Apt. No., 749 North Main St.
or PO Box No. Fort Worth, TX 76164
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:

Mr. T. Grover Swift, Jr.
749 North Main St.
Fort Worth, TX 76164

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. 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® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 3020 0000 4636 0098

Domestic Return Receipt

M-6C

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

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

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

Postmark Here

Sent To Mr. Anthony Hawe
Street, Apt. No., 2724 American Sadler Dr.
or PO Box No. Park City, Utah 84060
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

9210 3020 0000 4636 0128

| | |
|--|---------------|
| U.S. Postal Service™ | |
| CERTIFIED MAIL™ RECEIPT | |
| <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | |
| For delivery information visit our website at www.usps.com | |
| POST OFFICE | |
| Postage \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | |
| Sent To | |
| Patricia A. McMillan | |
| 1104 Constant Spring Road | |
| Austin, Texas 78746 | |
| City, State, ZIP+4 | |
| PS Form 3800, August 2006 See Reverse for Instructions | |

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

10/02/2014



7013 3020 0000 4636 0128

Patricia A. McMillan
1104 Constant Spring Road
Austin, Texas 78746



9.7.14

NIXIE 787 SE 1009 0009/25/14
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504105655 *0668-01326-29-37

8750401056

7013 3020 0000 4636 0001

| U.S. Postal Service TM | |
|--|----|
| CERTIFIED MAIL TM RECEIPT | |
| (Domestic Mail Only; No Insurance Coverage Included) | |
| For delivery information visit our website at www.usps.com | |
| 1007 67 500 | |
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |
| Postmark Here | |
| Sent To | |
| Mr. Lewis F. Holmes | |
| Street, Apt. No., or PO Box No. 1109 SC Highway 191 | |
| City, State, ZIP+4 Trenton, SC 29847 | |

PS Form 3800, August 2005 See Reverse for Instructions