



**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)

May 21, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

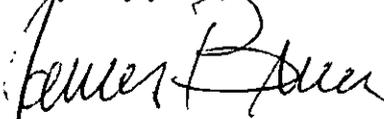
Ladies and gentlemen:

Enclosed are copies of two applications for compulsory pooling and a non-standard unit, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding two wells located in the E/2 of Section 35, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, June 11, 2015, 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 who may be affected by these applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters 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 4, 2015. 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

Attachment

**A**

Attorney for Devon Energy Production Company, L.P.

EXHIBIT A

Chevron U.S.A. Inc.  
1400 Smith Street  
Houston, TX 77002

RKC, Inc.  
Suite 38  
7500 East Arapahoe Road  
Centennial, CO 80112

Mobil Producing Texas & New Mexico, Inc.  
c/o XTO Energy Inc.  
810 Houston Street  
Fort Worth, TX 76102

EOG Resources, Inc.  
P.O. Box 2267  
Midland, Texas 79702

EXCO Resources, Inc.  
Suite 1700  
12377 Merit Drive  
Dallas, TX 75251

Tripe T Resources LP  
Suite 108  
4809 Cole Avenue  
Dallas, TX 75205

Mewbourne Development Corporation  
Mewbourne Energy Partners 01-A, L.P.  
3MG Corporation  
CWM 2000-B, Ltd.  
Mewbourne Oil Company  
Suite 1020  
500 West Texas  
Midland, Texas 79701

**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:

Chevron U.S.A. Inc.  
1400 Smith Street  
Houston, TX 77002

2. Article Number (Transfer from service label): 7013 3020 0000 4603 9666

PS Form 3811, July 2013 Domestic Return Receipt *D-W*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type:  Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes  No

**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent To: RKC, Inc.  
Suite 38  
7500 East Arapahoe Road  
Centennial, CO 80112

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4603 9659 ETD

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent To: Chevron U.S.A. Inc.  
1400 Smith Street  
Houston, TX 77002

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

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4603 9666 ETD

**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:

RKC, Inc.  
Suite 38  
7500 East Arapahoe Road  
Centennial, CO 80112

2. Article Number (Transfer from service label): 7013 3020 0000 4603 9659

PS Form 3811, July 2013 Domestic Return Receipt *D-W*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 5/26/15

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: suite is 380 not 38

3. Service Type:  Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes  No

**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:

EOG Resources, Inc.  
P.O. Box 2267  
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *6-2-15*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7013 3020 0000 4603 9635

PS Form 3811, July 2013

Domestic Return Receipt

*D-W*

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|   |    |                  |
|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To **Mewbourne Oil Company**  
 Suite 1020  
 Street, Apt. No., or PO Box No. **500 West Texas**  
 City, State, ZIP+4 **Midland, Texas 79701**

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4637 5436

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|   |    |                  |
|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

Sent To **EOG Resources, Inc.**  
 Street, Apt. No., or PO Box No. **P.O. Box 2267**  
 City, State, ZIP+4 **Midland, Texas 79702**

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4603 9635

**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  
Suite 1020  
500 West Texas  
Midland, Texas 79701

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *6-2-15*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

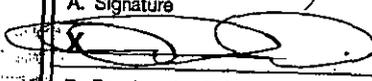
2. Article Number  
 (Transfer from service label)

7013 3020 0000 4637 5436

PS Form 3811, July 2013

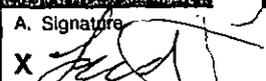
Domestic Return Receipt

*D-W*

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>     |  | <p>A. Signature<br/> </p> <p><input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> |  |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">           Tripe T Resources LP<br/>           Suite 108<br/>           4809 Cole Avenue<br/>           Dallas, TX 75205         </p>   |  | <p>B. Received by (Printed Name)<br/>           David Weis</p>   | <p>C. Date of Delivery<br/>           05/26/15</p> |
| <p>2. Article Number<br/>           (Transfer from service label)</p>  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |  |
| <p>PS Form 3811, July 2013</p>   |  | <p>Domestic Return Receipt</p>   |  |

| U.S. Postal Service™  |                      |
|---|----------------------|
| CERTIFIED MAIL™ RECEIPT                                     |                      |
| (Domestic Mail Only; No Insurance Coverage Provided)        |                      |
| For delivery information, visit our website at www.usps.com |                      |
| OFFICIAL USE  |                      |
| Postage \$  | Postmark Here        |
| Certified Fee   |                      |
| Return Receipt Fee (Endorsement Required)                   |                      |
| Restricted Delivery Fee (Endorsement Required)              |                      |
| Total Postage & Fees \$                                     |                      |
| Sent To   | EXCO Resources, Inc. |
|   | Suite 1700           |
| Street, Apt. No., or PO Box No.                             | 12377 Merit Drive    |
| City, State, ZIP+4  | Dallas, TX 75251     |
| 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 |                      |
| OFFICIAL USE  |                      |
| Postage \$  | Postmark Here        |
| Certified Fee   |                      |
| Return Receipt Fee (Endorsement Required)                   |                      |
| Restricted Delivery Fee (Endorsement Required)              |                      |
| Total Postage & Fees \$                                     |                      |
| Sent To   | Tripe T Resources LP |
|   | Suite 108            |
| Street, Apt. No., or PO Box No.                             | 4809 Cole Avenue     |
| City, State, ZIP+4  | Dallas, TX 75205     |
| PS Form 3800, August 2006 See Reverse for Instructions      |                      |

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |   |
|--|--|--|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>     |  | <p>A. Signature<br/> </p> <p><input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> |   |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">           EXCO Resources, Inc.<br/>           Suite 1700<br/>           12377 Merit Drive<br/>           Dallas, TX 75251         </p>   |  | <p>B. Received by (Printed Name)<br/>           Luis Soto</p>  | <p>C. Date of Delivery<br/>           5-27-15</p> |
| <p>2. Article Number<br/>           (Transfer from service label)</p>  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |   |
| <p>PS Form 3811, July 2013</p>   |  | <p>Domestic Return Receipt</p>   |   |

