

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

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

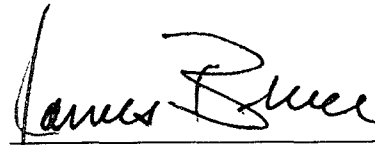
**Case No. 13,937**

**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 correct addresses, by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1210.

  
\_\_\_\_\_  
James Bruce

SUBSCRIBED AND SWORN TO before me this 25<sup>th</sup> day of July, 2007 by James Bruce.

My Commission Expires: 3/14/09

  
\_\_\_\_\_  
Notary Public

Oil Conservation Division  
Case No. \_\_\_\_\_  
Exhibit No. 2

**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](mailto:jamesbruce@aol.com)

May 31, 2007

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

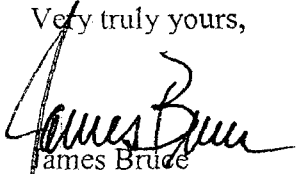
To: Persons on Exhibit A

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 S½ of Section 3, 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, June 21, 2007, 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 enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, June 14, 2007 if you intend to participate at the hearing.

Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT

**A**

EXHIBIT A

The Hillman Interests  
2000 Grant Building  
310 Grant Street  
Pittsburgh, Pennsylvania 15219

Nicholas S. Lamont  
Suite 300  
129 Church Street  
New Haven, Connecticut 06510

Mill Neck Associates  
Suite 300  
129 Church Street  
New Haven, Connecticut 06510

Cimarex Energy Co.  
Suite 600  
508 West Wall  
Midland, Texas 79701

Attention: Jon Tate

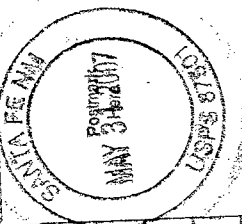
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only, No Insurance Coverage Provided)*  
 For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent To  
 Mill Neck Associates  
 Suite 300  
 129 Church Street  
 New Haven, Connecticut 06510  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3811, February 2004 See back 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:

2. Article Number (Transfer from service label) 7006 3450 0001 4327 0204

PS Form 3811, February 2004 Domestic Return Receipt **noc-3** 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6-4-07

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

**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**

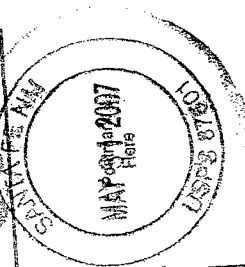
Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

Sent To  
 Nicholas S. Lamont  
 Suite 300  
 129 Church Street  
 New Haven, Connecticut 06510  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3811, February 2004 See back for instructions

10220 22EH 1000 05HE 9002

102595-02-M-1540



**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:

2. Article Number (Transfer from service label) 7006 3450 0001 4327 0211

PS Form 3811, February 2004 Domestic Return Receipt **noc-3** 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6-4-07

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

Nicholas S. Lamont  
 Suite 300  
 129 Church Street  
 New Haven, Connecticut 06510

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

Sent to  
 Cinarox Energy Co.  
 Suite 600  
 508 West Wall  
 Midland, Texas 79701  
 City, State, ZIP+4

**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:

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
 B. Received by (Printed Name) C. Date of Delivery  
 Stefan McDunay 6-4-07  
 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)  
 7006 3450 0001 4327 0228

PS Form 3811, February 2004 Domestic Return Receipt **MOC-3** 102595-02-M-1540

**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:

The Hillman Interests  
 2000 Grant Building  
 310 Grant Street  
 Pittsburgh, Pennsylvania 15219

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

Sent to  
 The Hillman Interests  
 2000 Grant Building  
 310 Grant Street  
 Pittsburgh, Pennsylvania 15219  
 City, State, ZIP+4

**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:

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
 B. Received by (Printed Name) C. Date of Delivery  
 Stefan McDunay 6-4-07  
 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)  
 7006 3450 0001 4327 0198

PS Form 3811, February 2004 Domestic Return Receipt **MOC-3** 102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL 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  
 The Hillman Interests  
 2000 Grant Building  
 310 Grant Street  
 Pittsburgh, Pennsylvania 15219  
 City, State, ZIP+4

PS Form 3811, February 2004 Domestic Return Receipt **MOC-3** 102595-02-M-1540

**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)

June 27, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

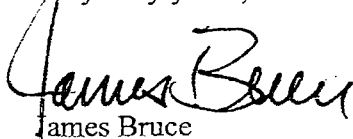
To: Persons on Exhibit A

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 S½ of Section 3, 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, July 26, 2007, 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 enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, July 19, 2007 if you intend to participate at the hearing.

Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

Mill Neck Associates  
Fourth Floor  
5200 Town Center Circle  
Boca Raton, Florida 33486

Attention: Leonard Mandor

Mill Neck Associates  
200 North Congress Park Drive  
Delray Beach, Florida 33445

Attention: Leonard Mandor

James Bruce

P.O. Box 1056

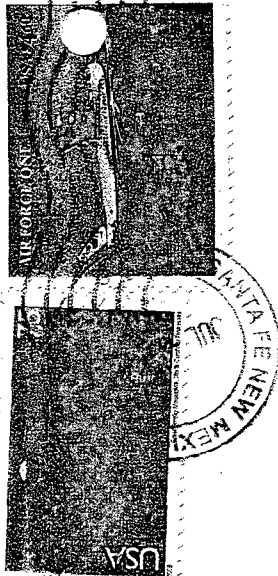
Santa Fe, New Mexico 87504

7006 3450 0001 4325 8844  
1ST NOTICE 07-17-07  
2ND NOTICE 7-23-07  
RETURN \$10

Mill Neck Associates  
Fourth Floor  
5200 Town Center Circle  
Boca Raton, Florida 33486

Attention: Leonard Mandor

33486+187504325

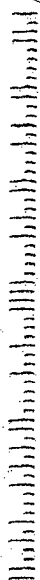


U.S. POSTAGE  
PAID  
SANTA FE, NM  
87504-1056

NIXIE 334 DE 1 00 07/11/07

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 87504105636 \*0569-20341-03-3



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)

Postage	\$ 40.41
Certified Fee	\$2.65
Return Receipt Fee (Endorsement Required)	\$2.15
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$45.21



Sent To  
Mill Neck Associates  
Fourth Floor  
5200 Town Center Circle  
Boca Raton, Florida 33486

0199 9264 1000 054E 9002



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">X</span> <div style="margin-left: 20px;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) <span style="margin-left: 100px;">C. Date of Delivery</span>  <div style="display: flex; justify-content: space-between;"> <span>SPUGLIA</span> <span>3/5</span> </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="text-align: right; padding-top: 20px;"> <p>Mill Neck Associates  200 North Congress Park Drive  Delray Beach, Florida 33445</p> </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p> <div style="text-align: center; font-family: monospace; font-size: 1.2em;"> 0006 3450 0001 4326 6627 </div>	
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>PS Form 3811, February 2004</span> <span>Domestic Return Receipt <b>MOC-3</b></span> <span>102595-02-M-1540</span> </div>	

7006 3450 0001 4326 6627

**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	\$	\$0.41	0500
Certified Fee	\$	\$2.00	
Return Receipt Fee (Endorsement Required)	\$	\$0.00	
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$5.41</b>	

Sent To

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

City, State, ZIP+4

Mill Neck Associates  
200 North Congress Park Drive  
Delray Beach, Florida 33445

PS Form 3800, August 2005
See Reverse for Instructions