

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

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

Case No. 14,030

AFFIDAVIT OF NOTICE

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

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

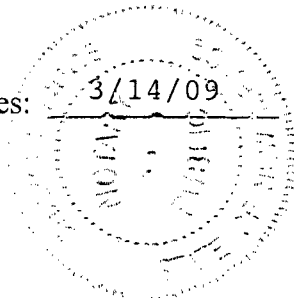
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owner, at its correct address, by certified mail. Copies of the notice letter and certified return receipt 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 27th day of November, 2007 by
James Bruce.

My Commission Expires:

 3/14/09



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

October 25, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

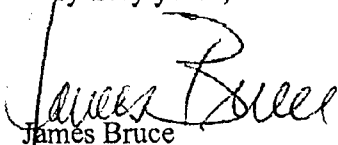
To: Persons on Exhibit A

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 SE $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 27, Township 19 South, Range 35 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 29, 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, November 22, 2007 if you intend to participate at the hearing.

Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT **A**

EXHIBIT A

Castle Royalties LLC
Suite 900
15601 North Dallas Parkway
Addison, Texas 75001

Enerlex, Inc.
18452 East 111th Street
Broken Arrow, Oklahoma 74011

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 \$

Sent To
Castle Royalties LLC
Suite 900
15601 North Dallas Parkway
Addison, Texas 75001
City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

1894 0224 1000 054E 9002

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:

Castle Royalties LLC
Suite 900
15601 North Dallas Parkway
Addison, Texas 75001

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Jeff Miller*
B. Received by (Printed Name) *Jeff Miller*
C. Date of Delivery *10-29-07*
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

2. Article Number
(Transfer from service label) 7006 3450 0001 4320 4681
PS Form 3811, February 2004 Domestic Return Receipt MOL-11 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:

Enerflex, Inc.
18452 East 111th Street
Broken Arrow, Oklahoma 74011

2. Article Number
(Transfer from service label) 7006 3450 0001 4320 4698

PS Form 3811, February 2004 Domestic Return Receipt MOL-27 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Steven Jackson*
B. Received by (Printed Name) *Steven Jackson*
C. Date of Delivery *10-29-07*
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

7006 3450 0001 4320 4698

Domestic Return Receipt MOL-27 102595-02-M-1540

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 \$

Sent To
Enerflex, Inc.
18452 East 111th Street
Broken Arrow, Oklahoma 74011
City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

9694 0224 1000 054E 9002