BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF MEWBOURNE OIL COMPANY FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO. **Case No. 13158**

AFFIDAVIT REGARDING NOTICE

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

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 set forth herein.

2. I am an attorney for Applicant.

3. Applicant 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 letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 8th day of October, 2003, by James Bruce.

Notary Public

My Commission Expires:
3/14/05

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) 982-2151 (FAX)

jamesbruc@aol.com

September 18, 2003

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 30, Township 21 South, Range 27 East, N.M.P.M., Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, October 9, 2003 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 appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, October 3, 2003, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

EXHIBIT A

Marathon Oil Company
P.O. Box 552
Midland, Texas 79702

Attention: John Chapman

Eland Energy, Inc.
8150 N. Central Espressway, Suite 400
Dallas, TX 75206-1822
Attn: Mr. Craig Nielsen

Mr. & Mrs. Ben C. Cavender
4506 ½ Pasadena Ave.
Wichita Falls, TX 76310-2416

Burlington Northern and
Santa Fe Railway Company
2505 Lakeview, Suite 210
Amarillo, TX 79109
Attn: Mr. Greg Golladay

City of Carlsbad
P.O. Box 1569
Carlsbad, NM 88221-1569
Attn: Mr. Jon R. Tully, City Administrator

Dr. Thomas W. Pendergrass
13410 98th Ave. NE
Kirkland, WA 98034-1906

Mr. Tony Giarratano
P.O. Box 846
Ruidoso, NM 88355

Family Eldercare, Inc.,
Guardian for Martha Leigh Cardwell
2210 Hancock Drive
Austin, TX 78756

J.P. Morgan Chase Bank,
Trustee of the Leigh Cardwell
Irrevocable Trust
P.O. Box 2558
Houston, TX 77252-8033
Attn: Mr. Roy Buckley

Arturo F. Hernandez
110 W. Cherry Lane
Carlsbad, NM 88220

Sarah Jordan
1106 N. Eddy
Carlsbad, NM 88220

Southwestern Public Service Company
550 15th St., Suite 1000
Denver, CO 80202

7002 2030 0007 1224 0529

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

Postmark Here

Sent To
Dr. Thomas W. Pendergrass
Street, Apt. No.; or PO Box No. 13410 98th Ave. NE
City, State, ZIP+4 Kirkland, WA 98034-1906

PS Form 3800, June 2002 — 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:

Eland Energy, Inc.
8150 N. Central Expressway, Suite 400
Dallas, TX 75206-1822
Attn: Mr. Craig Nielsen

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 9-26-02

D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No
13155 Noel # 2000
Dallas TX 75240

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) 7002 2030 0007 1224 0482

PS Form 3811, August 2001 — Domestic Return Receipt — M-30 — 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:

Dr. Thomas W. Pendergrass
13410 98th Ave. NE
Kirkland, WA 98034-1906

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [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 ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service lab 7002 2030 0007 1224 0529

PS Form 3811, August 2001 — Domestic Return Receipt — M-30 — 102595-02-M-1540

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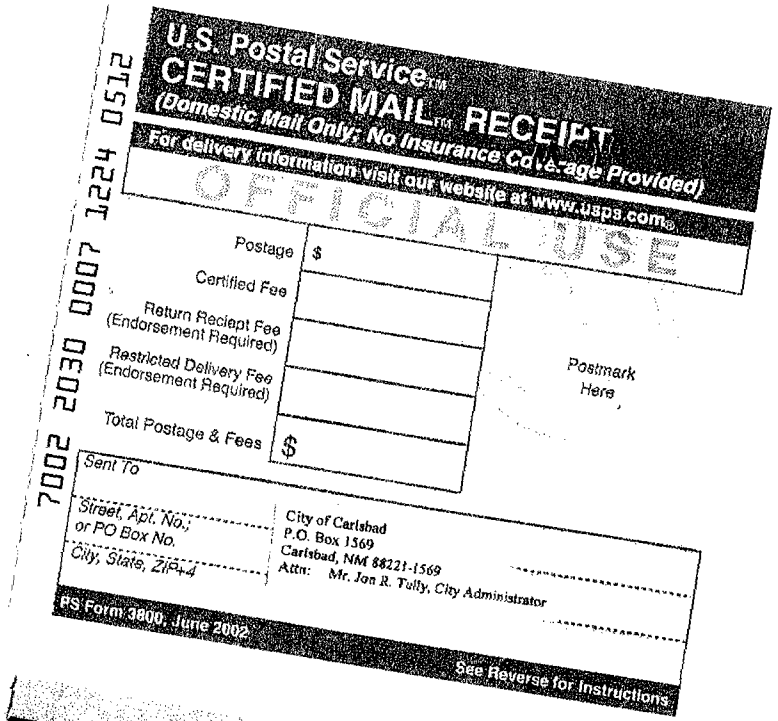
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Eland Energy, Inc.
Street, Apt. No.; or PO Box No. 8150 N. Central Expressway, Suite 400
City, State, ZIP+4 Dallas, TX 75206-1822
Attn: Mr. Craig Nielsen

PS Form 3800, June 2002 — See Reverse for Instructions



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Total Postage & Fees $

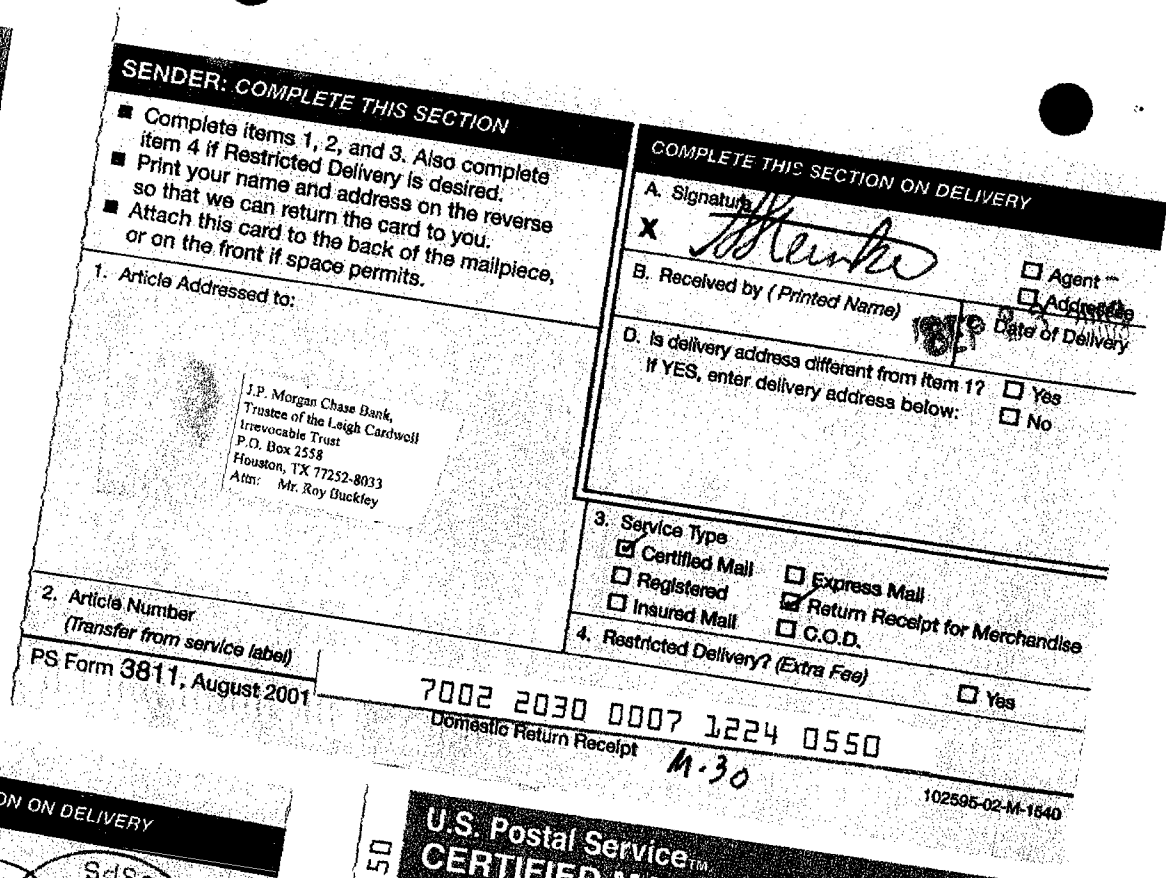
Postmark Here

7002 2030 0007 1224 0512

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

City of Carlsbad
P.O. Box 1569
Carlsbad, NM 88221-1569
Attn: Mr. Jon R. Tully, City Administrator

PS Form 3800, June 2002 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:

J.P. Morgan Chase Bank,
Trustee of the Leigh Cardwell
Irrevocable Trust
P.O. Box 2558
Houston, TX 77252-8033
Attn: Mr. Roy Buckley

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

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

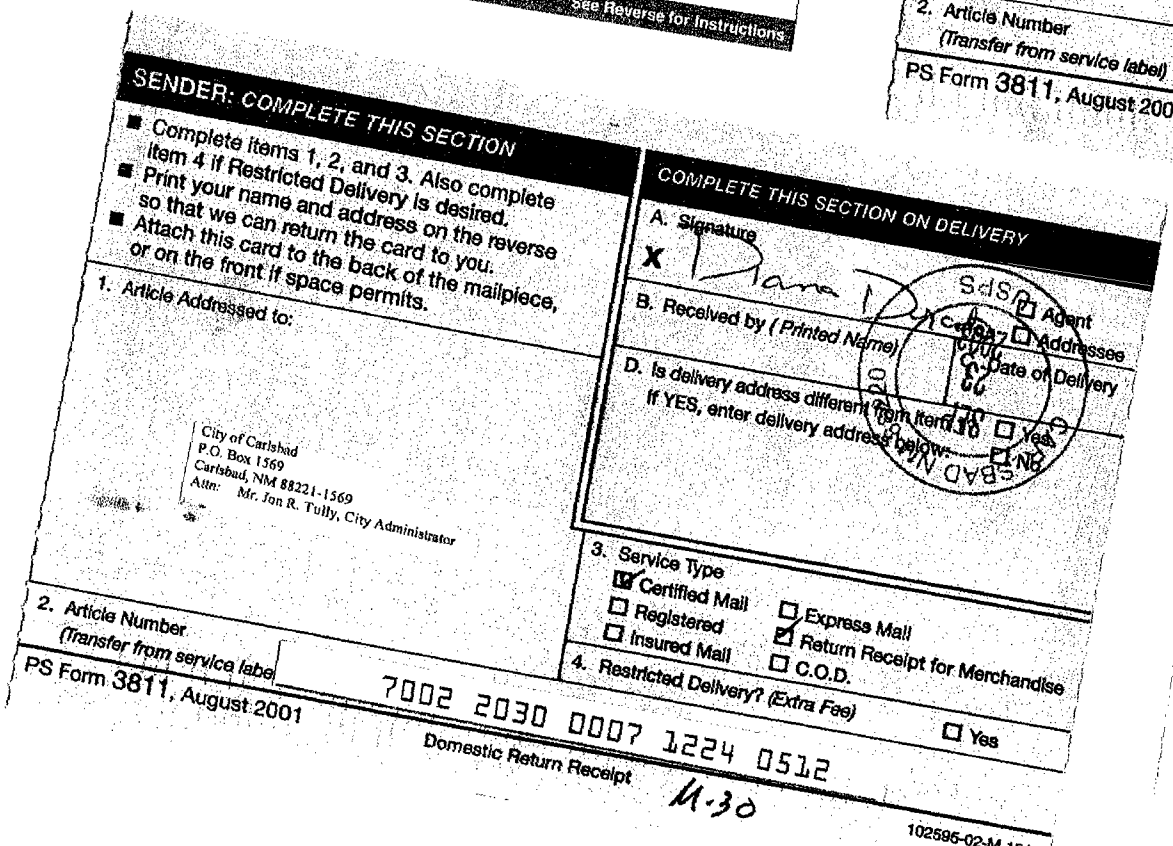
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7002 2030 0007 1224 0550

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

M-30



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:

City of Carlsbad
P.O. Box 1569
Carlsbad, NM 88221-1569
Attn: Mr. Jon R. Tully, City Administrator

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

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

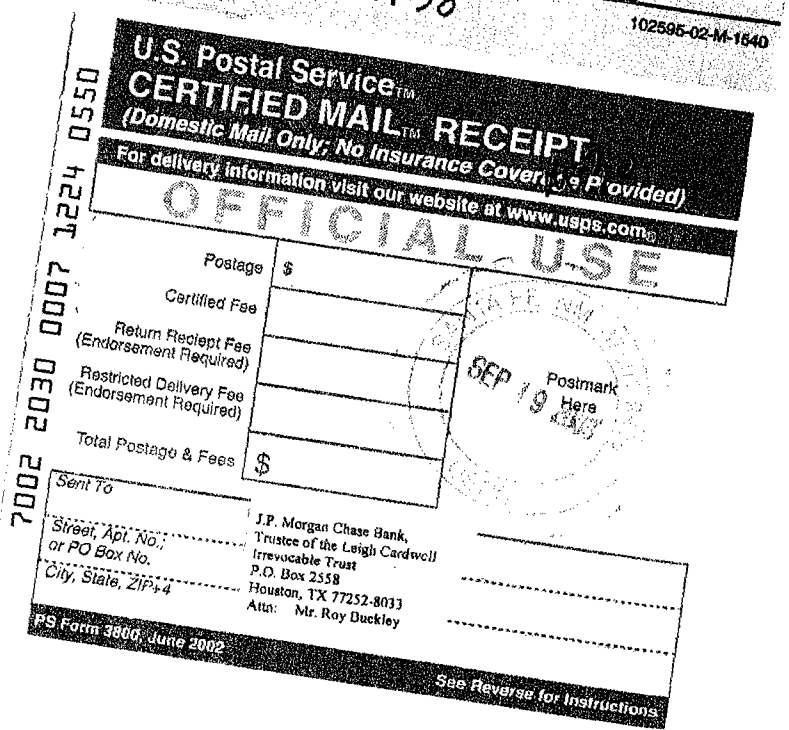
3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7002 2030 0007 1224 0512

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

M-30



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

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SEP 19

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

J.P. Morgan Chase Bank,
Trustee of the Leigh Cardwell
Irrevocable Trust
P.O. Box 2558
Houston, TX 77252-8033
Attn: Mr. Roy Buckley

PS Form 3800, June 2002 See Reverse for Instructions

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

Postmark Here

Sent To
Sarah Jordan
Street, Apt. No.; or PO Box No. 1106 N. Eddy
City, State, ZIP+4 Carlsbad, NM 88220

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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:

Family Eldercare, Inc.,
Guardian for Martha Leigh Cardwell
2210 Hancock Drive
Austin, TX 78756

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kori Kendall Family Eldercare ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kori Kendall
C. Date of Delivery 09 22 03

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) 7002 2030 0007 1224 0543

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

M-30

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:

Sarah Jordan
1106 N. Eddy
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sarah Jordan ☐ 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

2. Article Number (Transfer from service label) 7002 2030 0007 1224 0574

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-02-M-1540

M-30

7002 2030 0007 1224 0543

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

Postmark Here

Sent To
Family Eldercare, Inc.,
Street, Apt. No.; or PO Box No. Guardian for Martha Leigh Cardwell
2210 Hancock Drive
City, State, ZIP+4 Austin, TX 78756

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

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Sent To
Southwestern Public Service Company
Street, Apt. No.; or PO Box No. 550 15th St., Suite 1000
City, State, ZIP+4 Denver, CO 80202

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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:

Burlington Northern and Santa Fe Railway Company
2505 Lakeview, Suite 210
Amarillo, TX 79109
Attn: Mr. Greg Golladay

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Michael Bennett
C. Date of Delivery 9/23/03

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) 7002 2030 0007 1224 0505

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

M-30

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:

Southwestern Public Service Company
550 15th St., Suite 1000
Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 9-22-03

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) 7002 2030 0007 1224 0581

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

M-30

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

SANTA FE NM 875 SEP 19 Postmark Here

7002 2030 0007 1224 0505

Sent To
Burlington Northern and Santa Fe Railway Company
Street, Apt. No.; or PO Box No. 2505 Lakeview, Suite 210
City, State, ZIP+4 Amarillo, TX 79109
Attn: Mr. Greg Golladay

PS Form 3800, June 2002 See Reverse for Instructions

7002 2030 0007 1224 0567

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

Postmark Here

Sent To: Arturo F. Hernandez
Street, Apt. No.; or PO Box No.: 110 W. Cherry Lane
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, June 2002 — 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:

Marathon Oil Company
P.O. Box 552
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patty Edens ☐ Agent ☐ Addressee

B. Received by (Printed Name) Patty Edens
C. Date of Delivery 9-23-03

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)* 7002 2030 0007 1224 0598

PS Form 3811, August 2001 — Domestic Return Receipt — M-30 — 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:

Arturo F. Hernandez
110 W. Cherry Lane
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Beverly Hernandez ☐ Agent ☑ Addressee

B. Received by (Printed Name) Beverly Hernandez
C. Date of Delivery 9/23/03

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

USPS 2003 23 88220 CARLSBAD

2. Article Number *(Transfer from service label)* 7002 2030 0007 1224 0567

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

Postmark Here

Sent To: Marathon Oil Company
Street, Apt. No.; or PO Box No.: P.O. Box 552
City, State, ZIP+4: Midland, Texas 79702

PS Form 3800, June 2002 — See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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. & Mrs. Ben C. Cavender
4506 ½ Pasadena Ave.
Wichita Falls, TX 76310-2416

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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

2. Article Number 7002 2030 0007 1224 0499

Return Receipt M-30 102595-02-M-1540

7002 2030 0007 1224 0499

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

Postmark Here
USPS

Sent To
Street, Apt. No.; or PO Box No. Mr. & Mrs. Ben C. Cavender 4506 ½ Pasadena Ave. Wichita Falls, TX 76310-2416
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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

Postmark Here

Sent To: Mr. Tony Giarratano
Street, Apt. No.; or PO Box No.: P.O. Box 846
City, State, ZIP+4: Ruidoso, NM 88355

PS Form 3800, June 2002 — See Reverse for Instructions

7002 2030 0007 1224 0536

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. Tony Giarratano
P.O. Box 846
Ruidoso, NM 88355

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

RUIDOSO NM 88345

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) 7002 2030 0007 1224 0536

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540