

**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. 14273

AFFIDAVIT OF NOTICE

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

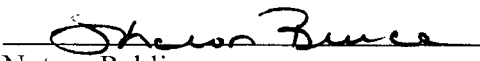
James Bruce, being duly sworn upon his oath, deposes and states:

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 Rules.


James Bruce

SUBSCRIBED AND SWORN TO before me this 17th day of January, 2009 by
James Bruce.

My Commission Expires: 3/14/09


Notary Public

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

January 16, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

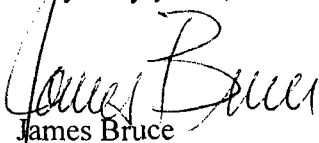
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the NE¼SE¼ of Section 15, Township 20 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, February 19, 2009, 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 this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rule 1208.B to file a Pre-Hearing Statement no later than Thursday, February 12, 2009. 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

EXHIBIT A

Cathy J. Jones
P.O. Box 562
Ruidoso Downs, New Mexico 88346

Kenneth Jones
2101 South I Street
Pensacola, Florida 32501

Robert A. Williams
P.O. Box 1811
Ozona, Texas 76943

Robert J. Epperson
P.O. Box 170
Satin, Texas 76685

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

Georgia Needham
c/o Lewis R. Needham
8345 Cherokee Road
Lake Arthur, New Mexico 88253

Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201

Billy Joe Green
4514 S.W. 169 Place
Ocala, Florida 34473

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

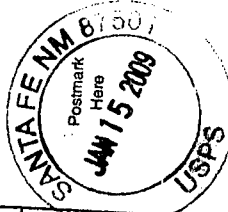
OFFICIAL USE

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

Sent To: **Billy Joe Green**
 Street, Apt. No.: **4514 S.W. 169 Place**
 or PO Box No. **Ocala, Florida 34473**
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4522 6774



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:

Cathy J. Jones
 P.O. Box 562
 Ruidoso Downs, New Mexico 88346

2. Article Number
 (Transfer from service label)

7008 0500 0001 4523 2027

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MDL

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:

Billy Joe Green
 4514 S.W. 169 Place
 Ocala, Florida 34473

2. Article Number
 (Transfer from service label)

7008 0500 0001 4522 6774

PS Form 3811, February 2004

Domestic Return Receipt

MDL

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X Billy Joe Green** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **B Green** C. Date of Delivery **1/20/09**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X Cathy J. Jones** ☐ Agent ☒ Addressee

B. Received by (Printed Name) **Cathy J. Jones** C. Date of Delivery **1/17/09**

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

7008 0500 0001 4523 2027

Domestic Return Receipt

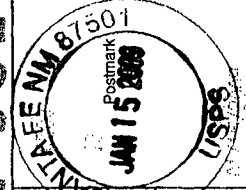
102595-02-M-1540

MDL

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
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OFFICIAL USE

Postage	\$	4.07
Certified Fee	\$	2.50
Return Receipt Fee (Endorsement Required)	\$	2.50
Restricted Delivery Fee (Endorsement Required)	\$	0.00
Total Postage & Fees	\$	9.07



Sent To: **Cathy J. Jones**
 Street, Apt. No.: **P.O. Box 562**
 or PO Box No. **Ruidoso Downs, New Mexico 88346**
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4523 2027

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance (Coverage Provided))
 For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
 Robert A. Williams
 Street, Apt. No., P.O. Box 1811
 or PO Box No. Ozona, Texas 76943
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7402 6254 1000 0050 8002

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:
 Robert J. Epperson
 P.O. Box 170
 Satin, Texas 76685

2. Article Number
 (Transfer from service label)
 7008 0500 0001 4523 2058

PS Form 3811, February 2004 Domestic Return Receipt *MC*

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent Addressee
Robert J. Epperson

B. Received by (Printed Name)
 ROBERT J. EPPERSON 1-28-07

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

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:
 Robert A. Williams
 P.O. Box 1811
 Ozona, Texas 76943

2. Article Number
 (Transfer from service label)
 7008 0500 0001 4523 2041

PS Form 3811, February 2004 Domestic Return Receipt *MC*

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent Addressee
Robert A. Williams

B. Received by (Printed Name)
 ROBERT A. WILLIAMS

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

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance (Coverage Provided))
 For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
 Robert J. Epperson
 Street, Apt. No., P.O. Box 170
 or PO Box No. Satin, Texas 76685
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

8502 6254 1000 0050 8002

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:

Georgia Needham
c/o Lewis R. Needham
8345 Cherokee Road
Lake Arthur, New Mexico 88253

2. Article Number

(Transfer from service label)

7008 0500 0001 4523 2072

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
Georgia Needham
B. Received by (Printed Name) C. Date of Delivery
Georgia Needham *1/17/09*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal ServiceTM

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(Domestic Mail Only; No Ins. Value Coverage Provided)

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

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Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To Georgia Needham
c/o Lewis R. Needham
Street, Apt. No. 8345 Cherokee Road
or PO Box No. Lake Arthur, New Mexico 88253
City, State, Zip+4

PS Form 3800, August 2006

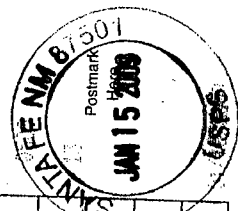
See Reverse for Instructions

U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com

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Postage	\$ 4.47
Certified Fee	\$ 2.10
Return Receipt Fee (Endorsement Required)	\$ 2.00
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.57



Sent To
Kenneth Jones
 Street, Apt. No.,
 2101 South I Street
 or PO Box No. Pensacola, Florida 32501
 City, State, ZIP+4

4E02 E254 T000 0050 8002

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

7500 0001 4522 6767

FROM

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

To
My
Address

Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201

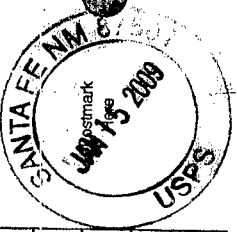
U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent to
Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4



PS Form 3800, August 2006

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:

Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent
<input checked="" type="checkbox"/>	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/>	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/>	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Article Number (Transfer from service label)	7008 0500 0001 4522 6767
PS Form 3811, February 2004	
Domestic Return Receipt	
102595-02-M-1540	

500 0001 4523 2065

FROM

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

NIXIE

2004 1 03 01/21/09

RETURN TO SENDER

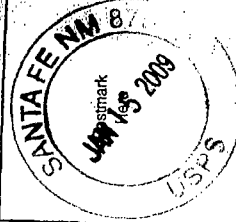
U.S. Postal ServiceTM

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OFFICIAL USE



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

TO

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

5502 6254 7000 0050 8002

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:

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ / ☐

B. Received by (Printed Name) 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 ☐ 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) 7008 0500 0001 4523 2065

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

Sent To: Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346
City, State, ZIP+4
PS Form 3800, August 2006 See Reverse for Instructions

0001 4522 6781

FROM

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

32

TO

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

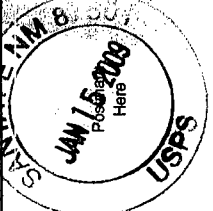
RTS
RETURN TO SENDER

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



Sent to
Street Apt. No. Ruth E. Hinman
or PO Box No. Route 1, Box 138
City, State, Zip+4 Neshanic, New Jersey 08853

PS Form 3800, August 2005 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:

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

2. Article Number
(Transfer from service label) 7008 051

PS Form 3811, February 2004 Dome.

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) 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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.


4. Restricted Delivery? (Extra Fee) ☐ Yes

01 4522 6781

112

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.

14275
Case No. 

AFFIDAVIT OF NOTICE

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

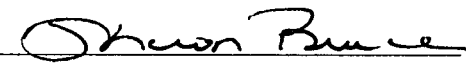
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1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the 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 Rules.


James Bruce

SUBSCRIBED AND SWORN TO before me this 17th day of January, 2009 by
James Bruce.

My Commission Expires: 3/14/09


Notary Public

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

January 16, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

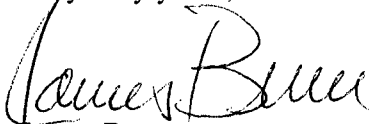
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the SW¼SE¼ of Section 15, Township 20 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

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Very truly yours,


James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

Cathy J. Jones
P.O. Box 562
Ruidoso Downs, New Mexico 88346

Kenneth Jones
2101 South I Street
Pensacola, Florida 32501

Robert A. Williams
P.O. Box 1811
Ozona, Texas 76943

Robert J. Epperson
P.O. Box 170
Satin, Texas 76685

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

Georgia Needham
c/o Lewis R. Needham
8345 Cherokee Road
Lake Arthur, New Mexico 88253

Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201

Billy Joe Green
4514 S.W. 169 Place
Ocala, Florida 34473

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Sent To Billy Joe Green
 Street, Apt. No., 4514 S.W. 169 Place
 or PO Box No. Ocala, Florida 34473
 City, State, ZIP+4

Postmark Here
 JAN 15 2009
 SANTA FE NM 87501
 USPS

PS Form 3800, August 2005 See Reverse for Instructions

4229 2254 1000 0050 8002

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:
 Billy Joe Green
 4514 S.W. 169 Place
 Ocala, Florida 34473

2. Article Number (Transfer from service label) 7008 0500 0001 4522 6774
 PS Form 3811, February 2004 Domestic Return Receipt *MC* 102595-02-M-150

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Billy Joe Green* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery 1/20/09
 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

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:
 Cathy J. Jones
 P.O. Box 562
 Ruidoso Downs, New Mexico 88346

2. Article Number (Transfer from service label) 7008 0500 0001 4523 2027
 PS Form 3811, February 2004 Domestic Return Receipt *MC* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Cathy J. Jones* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery 1/17/09
 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

OFFICIAL USE

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

Sent To Cathy J. Jones
 P.O. Box 562
 Ruidoso Downs, New Mexico 88346
 City, State, ZIP+4

Postmark Here
 JAN 15 2009
 SANTA FE NM 87501
 USPS

PS Form 3800, August 2005 See Reverse for Instructions

2202 2254 1000 0050 8002

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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



Sent To

Robert A. Williams
Street, Apt. No., P.O. Box 1811
or PO Box No. Ozona, Texas 76943
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7402 E254 1000 0050 8002

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:

Robert J. Epperson
P.O. Box 170
Satin, Texas 76685

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7008 0500 0001 4523 2058

Domestic Return Receipt

MC

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Robert J. Epperson
- B. Received by (Printed Name) C. Date of Delivery
ROBERT J. EPPERSON 1-28-04
- 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

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:

Robert A. Williams
P.O. Box 1811
Ozona, Texas 76943

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Robert A. Williams
- B. Received by (Printed Name) C. Date of Delivery
ROBERT A. WILLIAMS 1-28-04
- 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)

PS Form 3811, February 2004

7008 0500 0001 4523 2041

Domestic Return Receipt

MC

102595-02-M-1540

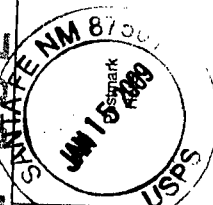
8502 E254 1000 0050 8002

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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



Sent To Robert J. Epperson
Street, Apt. No., P.O. Box 170
or PO Box No. Satin, Texas 76685
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:

Georgia Needham
c/o Lewis R. Needham
8345 Cherokee Road
Lake Arthur, New Mexico 88253

2. Article Number

(Transfer from service label)

7008 0500 0001 4523 2072

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Georgia Needham
- B. Received by (Printed Name) *Georgia Needham* C. Date of Delivery *1/17/09*
- 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 ServiceTM

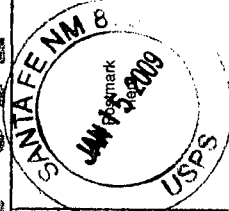
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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



Sent to

Georgia Needham
c/o Lewis R. Needham
8345 Cherokee Road
Lake Arthur, New Mexico 88253
City, State, ZIP+4

PS Form 3800, August 2006

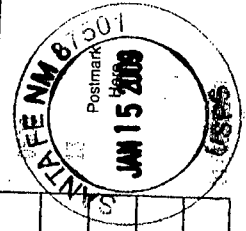
See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 44.47
Certified Fee	\$ 2.75
Return Receipt Fee (Endorsement Required)	\$ 2.00
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 50.22



Sent To **Kenneth Jones**
 Street, Apt. No., or PO Box No. **2101 South I Street**
 City, State, ZIP+4 **Pensacola, Florida 32501**

4E02 E25h T000 0050 R002

TICKET AT TOP OF ENVELOPE TO THE RIGHT.
RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL

1500 0001 4522 6767

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

TO
Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201

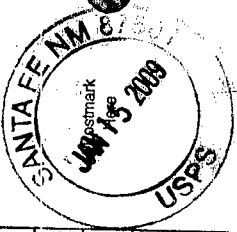
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent To
Ben Richard Green
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4[®]
1104 South Virginia
Roswell, New Mexico 88201



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:

Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Article Number
(Transfer from service label)
7008 0500 0001 4522 6767

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MOC

500 0001 4523 2065

FROM

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

NIXIE

2004 1 03 01/21/09

RETURN TO SENDER

U.S. Postal Service

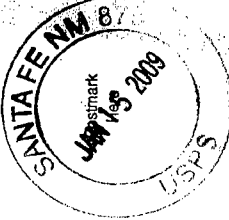
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

To
Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346



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

Sent To

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346
City, State, ZIP+4

PS Form 3800, August 2005 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:

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ /
- 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
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.
- ☐ Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7006 0500 0001 4523 2065

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

0001 4522 6781

FROM

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

TO

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

RTS
RETURN TO SENDER

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:

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

2. Article Number
(Transfer from service label) 7008 051

PS Form 3811, February 2004 Dome.

MOUNT HERE

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

Sent To

Ruth E. Hinman
Street Apt. No. Route 1, Box 138
City, State, Zip+4 Neshanic, New Jersey 08853

PS Form 3800, August 2005 See Reverse for Instructions

7008 0510 0001 4522 6781

A. Signature	<input type="checkbox"/> Agent
<input checked="" type="checkbox"/> B. Received by (Printed Name)	<input type="checkbox"/> Addressee
C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, enter delivery address below:	

3. Service Type	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

01 4522 6781



**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.**

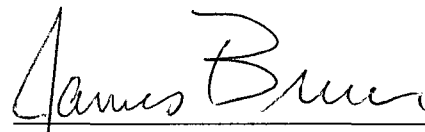
Case No. 14276

AFFIDAVIT OF NOTICE

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

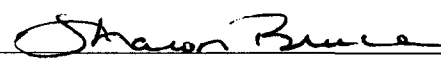
James Bruce, being duly sworn upon his oath, deposes and states:

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 Rules.


James Bruce

SUBSCRIBED AND SWORN TO before me this 17th day of January, 2009 by
James Bruce.

My Commission Expires: 3/14/09


Notary Public

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

January 16, 2009

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 $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 15, Township 20 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, February 19, 2009, 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 this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rule 1208.B to file a Pre-Hearing Statement no later than Thursday, February 12, 2009. 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

EXHIBIT A

Cathy J. Jones
P.O. Box 562
Ruidoso Downs, New Mexico 88346

Kenneth Jones
2101 South I Street
Pensacola, Florida 32501

Robert A. Williams
P.O. Box 1811
Ozona, Texas 76943

Robert J. Epperson
P.O. Box 170
Satin, Texas 76685

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

Georgia Needham
c/o Lewis R. Needham
8345 Cherokee Road
Lake Arthur, New Mexico 88253

Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201

Billy Joe Green
4514 S.W. 169 Place
Ocala, Florida 34473

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

U.S. Postal Service™
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 For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To Billy Joe Green
 4514 S.W. 169 Place
 Ocala, Florida 34473
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SANTA FE NM 87501
 Postmark Here
 JAN 15 2009
 USPS

7008 0500 0001 4522 6774

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:
 Billy Joe Green
 4514 S.W. 169 Place
 Ocala, Florida 34473

2. Article Number (Transfer from service label) 7008 0500 0001 4522 6774

PS Form 3811, February 2004 Domestic Return Receipt

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 ☐ 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

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:

Cathy J. Jones
 P.O. Box 562
 Ruidoso Downs, New Mexico 88346

2. Article Number (Transfer from service label) 7008 0500 0001 4523 2027

PS Form 3811, February 2004 Domestic Return Receipt

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 ☐ 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

Domestic Return Receipt

102595-02-M-1540

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

Postage \$ 6.17
 Certified Fee 6.70
 Return Receipt Fee (Endorsement Required) 6.70
 Restricted Delivery Fee (Endorsement Required) 6.00
 Total Postage & Fees \$ 25.57

SANTA FE NM 87501
 Postmark Here
 JAN 15 2009
 USPS

Sent To Cathy J. Jones
 P.O. Box 562
 Ruidoso Downs, New Mexico 88346
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4523 2027

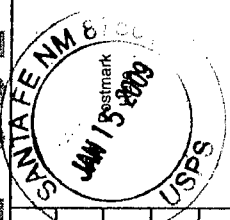
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance (Coverage Provided))
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Robert A. Williams
Street, Apt. No., P.O. Box 1811
Ozona, Texas 76943
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



7502 E254 1000 0050 0002

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:

Robert J. Epperson
P.O. Box 170
Satin, Texas 76685

2. Article Number
(Transfer from service label)

7008 0500 0001 4523 2058

PS Form 3811, February 2004

Domestic Return Receipt **MOX**

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:

Robert A. Williams
P.O. Box 1811
Ozona, Texas 76943

COMPLETE THIS SECTION ON DELIVERY

A. Signature **x Beth Dravel** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Beth Dravel** 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 ☐ 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)

7008 0500 0001 4523 2041

PS Form 3811, February 2004

Domestic Return Receipt **MOX**

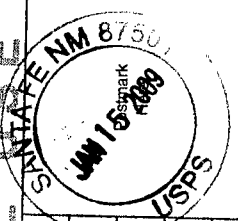
102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance (Coverage Provided))
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Robert J. Epperson
Street, Apt. No., P.O. Box 170
Satin, Texas 76685
City, State, ZIP+4



9502 E254 1000 0050 0002

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:

Georgia Needham
c/o Lewis R. Needham
8345 Cherokee Road
Lake Arthur, New Mexico 88253

2. Article Number
(Transfer from service label)

7008 0500 0001 4523 2072

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Georgia Needham* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *Georgia Needham* C. Date of Delivery *1/17/09*
 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 ☐ No

**U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE



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

Sent To
 Georgia Needham
 c/o Lewis R. Needham
 8345 Cherokee Road
 Lake Arthur, New Mexico 88253
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

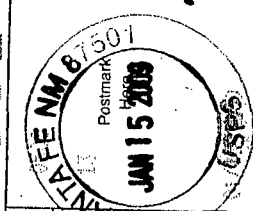
PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ 11.17
Certified Fee	\$ 2.70
Return Receipt Fee (Endorsement Required)	\$ 2.20
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 16.07



Sent to **Kenneth Jones**
 Street, Apt. No. **2101 South I Street**
 or PO Box No. **Pensacola, Florida 32501**
 City, State, ZIP+4

7008 0500 0001 4523 2034

TICKET AT TOP OF ENVELOPE TO THE RIGHT
OF RETURN ADDRESS FOLD ON DOTTED LINE

CERTIFIED MAIL

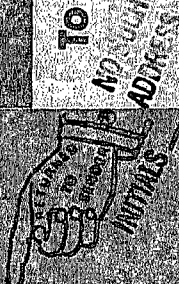
7500 0500 0001 4522 6767

FROM

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

TO

Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201



U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

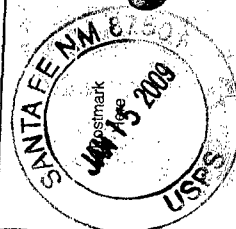
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Sent To Ben Richard Green
Street Apt. No. 1104 South Virginia
or PO Box No. Roswell, New Mexico 88201
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:

Ben Richard Green
1104 South Virginia
Roswell, New Mexico 88201

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 ☐ 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)

7500 0500 0001 4522 6767

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MO

500 0001 4523 2065

FROM

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

NIXIE

2004 1 03 01/21/09

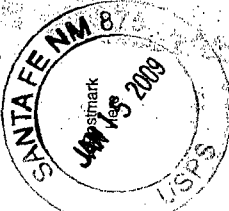
RETURN TO SENDER

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insur^{ance} Coverage Provided)

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

OFFICIAL USE

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



5902 8254 7000 0050 8000

TO

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

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:

Robin Hall
P.O. Box 7343
Ruidoso Downs, New Mexico 88346

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ / ☐
- 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)

7000 0500 0001 4523 2065

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PS Form 3800, August 2006

See Reverse for Instructions

500 0001 4522 6781

FROM

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

132

TO

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

RTS
RETURN TO SENDER

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:

Ruth E. Hinman
Route 1, Box 138
Neshanic, New Jersey 08853

2. Article Number
(Transfer from service lat) 7008 051

PS Form 3811, February 2004

Albuquerque NM 871

JAN 15 2008 PM

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

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

OFFICIAL USE

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

Sent to

Street Apt No. Ruth E. Hinman
or PO Box No. Route 1, Box 138
City, State, ZIP+4 Neshanic, New Jersey 08853

PS Form 3800, August 2006 See Reverse for Instructions

A. Signature	<input type="checkbox"/> Agent
<input checked="" type="checkbox"/> X	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, enter delivery address below:	

3. Service Type	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Insured Mail	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

7001 4522 6781

