

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

CASE #: 14306

EXHIBIT 2

**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. 14,306

AFFIDAVIT OF NOTICE

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

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

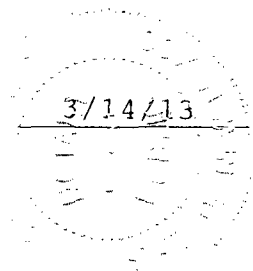
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

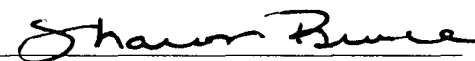


James Bruce

SUBSCRIBED AND SWORN TO before me this 7th day of April, 2009 by James Bruce.

My Commission Expires: 3/14/13





Notary Public

Oil Conservation Division
Case No. 2
Exhibit No. _____

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

March 18, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

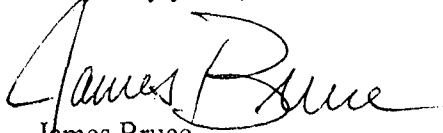
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the NW¼SE¼ 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, April 16, 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 Rules to file a Pre-Hearing Statement no later than Thursday, April 9, 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

EXHIBIT A

- 1) Nadel and Gussman Capitan, LLC
Suite 508
601 N. Marienfeld
Midland, Texas 79701

Attn: Scott Germann, General Manager
- 2) OXY USA WTP Limited Partnership
P.O. Box 4294
Houston, Texas 77210

Attn: Pat Sparks
- 3) James H. Yates, Inc.
P.O. Box 189
Roswell, NM 88202

Attn: Carolyn B. Yates
- 4) Explorers Petroleum Corp.
P.O. Box 1933
Roswell, New Mexico 88202

Attn: Melissa Randle
- 5) Spiral, Inc.
P.O. Box 1933
Roswell, New Mexico 88202

Attn: Melissa Randle
- 6) Harvey E. Yates Company
P.O. Box 1933
Roswell, New Mexico 88202-1933

Attn: Melissa Randle
- 7) Colkelan Corp.
5836 South Pecos Road
Las Vegas, Nevada 89120-3419

**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

Certified Fee	
Return Receipt Fee	
Restricted Delivery Fee	
Postage & Fees	
Total Postage & Fees	\$0.00

Sent To
Kelan Corp.
86 South Pecos Road
Las Vegas, Nevada 89120-3419
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

Postmark
Here

2008 0500 0001 4882 5202

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:

James H. Yates, Inc.
P.O. Box 189
Roswell, NM 88202

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7008 0500 0001 4882 5240

Domestic Return Receipt *MAC 15T*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Charles B. Yates*

B. Received by (Printed Name) *Charles B. Yates*

C. Date of Delivery *2/26/04*

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

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:

Colkelan Corp.
5836 South Pecos Road
Las Vegas, Nevada 89120-3419

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7008 0500 0001 4882 5202

Domestic Return Receipt *MAC 15T*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Charles B. Yates*

B. Received by (Printed Name) *Charles B. Yates*

C. Date of Delivery *2/26/04*

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

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

OFFICIAL USE

Certified Fee	
Return Receipt Fee	
Restricted Delivery Fee	
Postage & Fees	
Total Postage & Fees	\$0.00

Sent To
James H. Yates, Inc.
P.O. Box 189
Roswell, NM 88202
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

Postmark
Here

2008 0500 0001 4882 5202

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
 Restricted Delivery Fee
 Endorsement Fee
 Total Postage and Fees \$

Sent To
 OXY USA WTP Limited Partnership
 P.O. Box 4294
 Houston, Texas 77210

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

2525 2884 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:

OXY USA WTP Limited Partnership
 P.O. Box 4294
 Houston, Texas 77210

2. Article Number
 (Transfer from service label) 7008 0500 0001 4882 5257

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent ☐ Addressee ☒
 B. Received by (Printed Name) *SAME S. BOSS* C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

MAR 26 2009

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 4882 5257

PS Form 3811, February 2004 Domestic Return Receipt

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:

Spiral, Inc.
 P.O. Box 1933
 Roswell, New Mexico 88202

2. Article Number
 (Transfer from service label) 7008 0500 0001 4882 5226

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent ☐ Addressee ☒
 B. Received by (Printed Name) *SAME S. BOSS* 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

7008 0500 0001 4882 5226

Domestic Return Receipt

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
 Restricted Delivery Fee
 Endorsement Fee
 Total Postage and Fees \$

Sent To
 OXY USA WTP Limited Partnership
 P.O. Box 4294
 Houston, Texas 77210

City, State, ZIP+4

Postmark
 Here

2525 2884 1000 0050 8002

PS Form 3800, August 2006 See Reverse for Instructions

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

POSTAGE PAID
 Postage Paid
 Certified Fee
 Return Receipt Fee
 Restricted Delivery Fee
 Total Postage and Fees

SENT TO
 Harvey E. Yates Company
 P.O. Box 1933
 Roswell, New Mexico 88202-1933
 City, State, ZIP+4

PS Form 3800, August 2006
 See Reverse for Instructions

6125 2884 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:

Explorers Petroleum Corp.
 P.O. Box 1933
 Roswell, New Mexico 88202

2. Article Number
 (Transfer from service label)

7008 0500 0001 4882 5233

PS Form 3811, February 2004

Domestic Return Receipt

WOC 153

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:

Harvey E. Yates Company
 P.O. Box 1933
 Roswell, New Mexico 88202-1933

2. Article Number
 (Transfer from service label)

7008 0500 0001 4882 5219

PS Form 3811, February 2004

Domestic Return Receipt

WOC 153

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

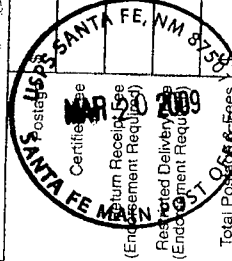
- A. Signature ☐ Agent
☒ Addressee
 B. Received by (Printed Name) ☐ Date of Delivery 3-25-09
 C. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

OFFICIAL USE



Postmark
 Here

Sent To

Explorers Petroleum Corp.
 P.O. Box 1933
 Roswell, New Mexico 88202
 City, State, ZIP+4

See Reverse for Instructions

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:

Nadel and Gussman Capitan, LLC
Suite 508
601 N. Marienfeld
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☒ Agent ☐ Addressee
- B. Received by (Printed Name) L. E. B. A. D. ☒ Date of Delivery 3-25-09
- 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

2. Article Number 7008 0500 0001 4882 5264

(Transfer from service label)

PS Form 3811, February 2004

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Certificate F-707.led)
 For delivery information visit our website at www.usps.com
OFFICIAL USE

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

Sent To Nadel and Gussman Capitan, LLC
 Street, Apt. No., or PO Box Suite 508
 City, State, ZIP+4 601 N. Marienfeld Midland, Texas 79701

See Reverse for Instructions.

4925 2884 1000 0050 8002