

OIL CONSERVATION DIVISION

CASE NO.
14298

EXHIBIT
5

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.

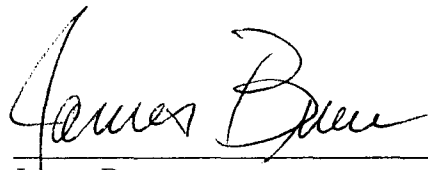
Case No. 14,298

AFFIDAVIT OF NOTICE

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

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

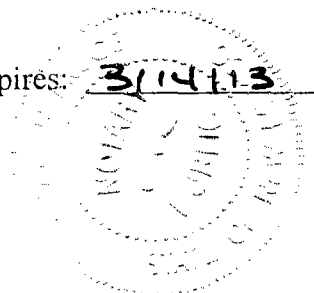
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application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

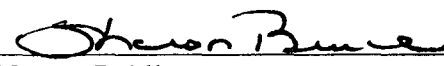


James Bruce

SUBSCRIBED AND SWORN TO before me this 24th day of March, 2009 by James Bruce.

My Commission Expires: 3/14/13





Notary Public

Oil Conservation Division
Case No. 5
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)

jamesbruce@aol.com

March 4, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

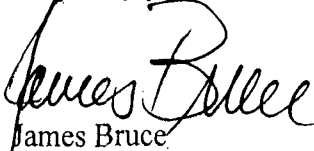
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the E½ of Section 29, Township 22 South, Range 26 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Tuesday, March 31, 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, March 26, 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



EXHIBIT A

- 1) The Bundy Family Trust
1604 Westridge Way
Casper, Wyoming 82601
- 2) Kimberly Ann Brehm
1360 Lemmers Rd.
Casper, Wyoming 82601
- 3) The Fasken Foundation
P.O. Box 2024
Midland, Texas 79702-2024
Attn: Mr. Steven P. Fasken
- 4) Dorchester Minerals, LP
3838 Oaklawn Ave., Suite 300
Dallas, Texas 75219
Attn: Monet Harbert
- 5) Randy and Sandy Geiselman
2700 Racquet Club Drive
Midland, Texas 79705
- 6) Maecenas Minerals, LLP
P.O. Box 176
Abilene, Texas 79604
Attn: Linda S. Buckner

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:

Kimberly Ann Brehm
1360 Lemmers Rd.
Casper, Wyoming 82601

2. Article Number
(Transfer from service label)

7008 0500 0001 4528 4316

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MDC H-29

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 ☐ No

U.S. Postal Service

CERTIFIED MAIL RECEIPT

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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

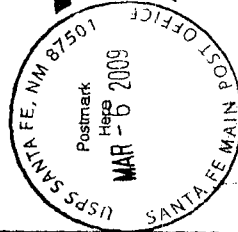
P.O. Box 2024

Midland, Texas 79702-2024

Attn: Mr. Steven P. Fasken

City, State, ZIP+4

The Fasken Foundation



See Reverse for Instructions

U.S. Postal Service

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(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

Kimberly Ann Brehm

1360 Lemmers Rd.

Casper, Wyoming 82601

City, State, ZIP+4



See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Fasken Foundation
 P.O. Box 2024
 Midland, Texas 79702-2024
 Attn: Mr. Steven P. Fasken

2. Article Number
(Transfer from service label)

7008 0500 0001 4528 4309

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MDC H-29

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 ☐ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, & 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:

Dorchester Minerals, LP
3838 Oaklawn Ave., Suite 300
Dallas, Texas 75219
Attn: Monet Harbert

2. Article Number
(Transfer from service label)

7008 0500 0001 4528 4273

PS Form 3811, February 2004

Domestic Return Receipt

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

Sent To

Street, Apt. No., or PO Box No. 3838 Oaklawn Ave., Suite 300
City, State, ZIP+4 Dallas, Texas 75219
Attn: Monet Harbert

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, & 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:

Maccenas Minerals, LLP
P.O. Box 176
Abilene, Texas 79604
Attn: Linda S. Buckner

2. Article Number
(Transfer from service label)

7008 0500 0001 4528 4279

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 \$	

Sent To

Street, Apt. No., or PO Box No. P.O. Box 176
City, State, ZIP+4 Abilene, Texas 79604
Attn: Linda S. Buckner

PS Form 3800, August 2006 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Linda S. Buckner* ☐ Agent ☒ Addressee

B. Received by *LINDA S. BUCKNER* ☐ 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 ☐ No

Article Number 7008 0500 0001 4528 4279

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, & 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:

Randy and Sandy Geiselman
2700 Racquet Club Drive
Midland, Texas 79705

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent ☒ Addressee ☐

B. Received by (Printed Name) [Signature]

C. Date of Delivery 2-9-04

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

7008 0500 0001 4528 4286

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Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Randy and Sandy Geiselman
2700 Racquet Club Drive
Midland, Texas 79705

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

The Bundy Family Trust
1604 Westridge Way
Casper, Wyoming 82501

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

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Randy and Sandy Geiselman
2700 Racquet Club Drive
Midland, Texas 79705

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

City, State, ZIP+4

PS Form 3800, August 2006

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- 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 Bundy Family Trust
1604 Westridge Way
Casper, Wyoming 82501

2. Article Number
(Transfer from service label)

7008 0500 0001 4528 4323

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent ☒ Addressee ☐

B. Received by (Printed Name)

[Signature] C. Date of Delivery 2-9-04

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

7008 0500 0001 4528 4323

Domestic Return Receipt

102595-02-M-1540