

OIL CONSERVATION DIVISION

CASE NO.
14299

EXHIBIT
8

**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.**

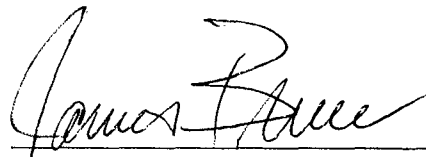
Case No. 14,299

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. 8
Exhibit No. 8

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 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 N½ of Section 1, Township 22 South, Range 25 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

A

EXHIBIT A

Paul R. Ray
1801 Eldridge Street
Fort Worth, Texas 76107

Estate of Stanley R. Tyler
c/o James Tyler
2100 Park Street
Muskegon Heights, Michigan 49444

Sharbro Oil Ltd. Co.
Sacramento Partners Limited Partnership
105 South 4th Street
Artesia, New Mexico 88210

CBR Oil Properties, LLC
Suite 1000
400 Penn Plaza
Roswell, New Mexico 88201

Norman L. Stevens, Jr. Revocable Trust
P.O. Box 1
Hondo, New Mexico 88336

Marathon Oil Company
Suite 1310
300 North Loraine
Midland, Texas 79701

Nielson Enterprises, Inc.
c/o Tex-Ok Energy Limited Partnership
P.O. Box 3010
Cody, Wyoming 82414

Fasken Land and Minerals, Ltd.
Suite 1800
303 West Wall
Midland, Texas 79701

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:

Estate of Stanley R. Tyler
c/o James Tyler
2100 Park Street
Muskegon Heights, Michigan 49444

2. Article Number
(Transfer from service label)

7008 0500 0001 4528 4392

PS Form 3811, February 2004

Domestic Return Receipt *MOC 1-1*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Norman L. Stevens
- B. Received by (Printed Name) ☐ Date of Delivery
Norman L. Stevens *3-9-11*
- C. 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

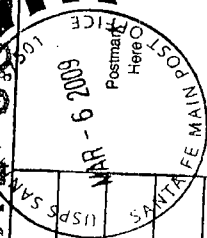
CERTIFIED MAILTM RECEIPT

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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

Norman L. Stevens, Jr. Revocable Trust
P.O. Box 1
Hondo, New Mexico 88336
City, State, ZIP+4

PS Form 3800, August 2006

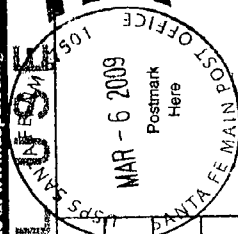
See Reverse for Instructions

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



Sent To Estate of Stanley R. Tyler
c/o James Tyler
2100 Park Street
Muskegon Heights, Michigan 49444
City, State, ZIP+4

PS Form 3800, August 2006

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:

Norman L. Stevens, Jr. Revocable Trust
P.O. Box 1
Hondo, New Mexico 88336
City, State, ZIP+4

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Norman L. Stevens
- B. Received by (Printed Name) ☐ Date of Delivery
Norman L. Stevens *3-11-0*
- C. 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

Article Number
(Transfer from service label)

7008 0500 0001 4528 4361

PS Form 3811, February 2004

Domestic Return Receipt *MOC 1-1*

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:

Fasken Land and Minerals, Ltd.
Suite 1800
303 West Wall
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7008 0500 0001 4528 4330

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MOC 1-1

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

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OFFICIAL USE

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

Sent To Fasken Land and Minerals, Ltd.
Suite 1800
Street, Apt. N 303 West Wall
or PO Box Mc Midland, Texas 79701
City, State, Zi

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:

CBR Oil Properties, LLC
Suite 1000
400 Penn Plaza
Roswell, New Mexico 88201

2. Article Number

(Transfer from service label)

7008 0500 0001 4528 4378

PS Form 3811, February 2004

Domestic Return Receipt

MOC 1-1

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature David Heller ☐ Agent ☐ Addressee
B. Received by (Printed Name) David Heller ☐ Date of Delivery 3-10-09
C. 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 MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

Sent To CBR Oil Properties, LLC
Suite 1000
Street, Apt. No. 400 Penn Plaza
or PO Box No. Roswell, New Mexico 88201
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)

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

Sent To Fasken Land and Minerals, Ltd.
Suite 1800
Street, Apt. N 303 West Wall
or PO Box Mc Midland, Texas 79701
City, State, Zi

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:

Marathon Oil Company
Suite 1310
300 North Loraine
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7008 0500 0001 4528 4354

PS Form 3811, February 2004

Domestic Return Receipt

MOC 1-1

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Lois Webb Date of Delivery 3-10-09
- 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

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

Sent To
Marathon Oil Company
Suite 1310
300 North Loraine
Midland, Texas 79701

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

Sent To

Nielson Enterprises, Inc.
c/o Tex-Ok Energy Limited Partnership
P.O. Box 3010
Cody, Wyoming 82414

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:

Nielson Enterprises, Inc.
c/o Tex-Ok Energy Limited Partnership
P.O. Box 3010
Cody, Wyoming 82414

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Cher Pearson C. Date of Delivery 3-9-09
- 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
(Transfer from service label)

7008 0500 0001 4528 4347

PS Form 3811, February 2004

Domestic Return Receipt

MOC 1-1

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:

Paul R. Ray
1801 Eldridge Street
Fort Worth, Texas 76107

2. Article Number

(Transfer from service label) 7008 0500 0001 4528 4408

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

NOC 1-1

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Paul R. Ray
1801 Eldridge Street
Fort Worth, Texas 76107

PS Form 3800, August 2006

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name) Paul R. Ray

C. Date of Delivery 3/9/04

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

Article Number

(Transfer from service label) 7008 0500 0001 4528 4408

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

NOC 1-1

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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:

Sharbro Oil Ltd. Co.
Sacramento Partners Limited Partnership
105 South 4th Street
Artesia, New Mexico 88210

2. Article Number

(Transfer from service label) 7008 0500 0001 4528 4385

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

NOC 1-1

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Sharbro Oil Ltd. Co.
Sacramento Partners Limited Partnership
105 South 4th Street
Artesia, New Mexico 88210

PS Form 3800, August 2006

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Paul R. Ray

B. Received by (Printed Name) PAUL R. RAY

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

Article Number

(Transfer from service label) 7008 0500 0001 4528 4385

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

NOC 1-1