

Oil Conservation Division  
Case No. 5  
Exhibit No. 5

JAMES BRUCE  
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July 12, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

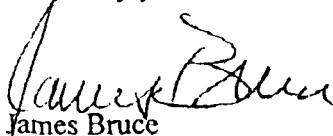
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the E½W½ of Section 21, 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, August 5, 2010, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the above well unit.** As an offset operator or lessee, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, July 29, 2010 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

EXHIBIT A

Echo Production, Inc.  
P.O. Box 1210  
Graham, Texas 76450

Fasken Oil & Ranch, 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:

Fasken Oil & Ranch, Ltd.  
Suite 1800  
303 West Wall  
Midland, Texas 79701

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7008 0500 0001 4594 1615

PS Form 3811, February 2004

Domestic Return Receipt M-93

102595-02-M-1540

**U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

Sent To Fasken Oil & Ranch, Ltd.  
 Suite 1800  
 303 West Wall  
 Midland, Texas 79701  
 Street, Apt. No., or PO Box No.  
 City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

5797 4654 7000 0050 8002

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Christ Halley* ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) *Christ Halley* *7/14/10*  
 C. Date of Delivery  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

1. Article Addressed to:

Echo Production, Inc.  
 P.O. Box 1210  
 Graham, Texas 76450

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

1. Article Addressed to:

Echo Production, Inc.  
 P.O. Box 1210  
 Graham, Texas 76450

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7008 0500 0001 4594 1608

PS Form 3811, February 2004

Domestic Return Receipt M-93

102595-02-M-1540

**U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

Sent To Echo Production, Inc.  
 P.O. Box 1210  
 Graham, Texas 76450  
 Street, Apt. No., or PO Box No.  
 City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Tracy Doyle* ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) *Tracy Doyle* *7/14/10*  
 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  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7008 0500 0001 4594 1608

PS Form 3811, February 2004

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8097 4654 7000 0050 8002