

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

APPLICATION OF MEWBOURNE OIL COMPANY
TO AMEND THE SPECIAL POOL RULES FOR THE
SANTO NINO-BONE SPRING POOL, EDDY COUNTY,
NEW MEXICO.

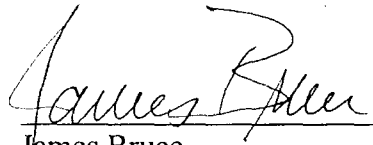
Case No. 14,608

AFFIDAVIT OF NOTICE

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

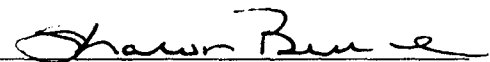
James Bruce, being duly sworn upon his oath, deposes and states:

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 operators, at their last known 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 25th day of February, 2011 by
James Bruce.

My Commission Expires: 3/14/13


Notary Public

Oil Conservation Division
Case No. 4
Exhibit No. 4

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

February 3, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

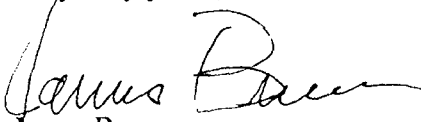
Ladies and gentlemen:

Enclosed is an application to amend the special pool rules in the Santo Nino-Bone Spring Pool, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, March 3, 2011, 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 the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this 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, February 24, 2011. 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

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, Oklahoma 73154

COG Operating LLC
550 West Texas Avenue
Midland, Texas 79701

Manzano, LLC
121 West Third Street
Roswell, New Mexico 88201

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Chi Operating, Inc.
P.O. Box 1799
Midland, Texas 79702

Nearburg Producing Company
Building 2, Suite 120
3300 North "A" Street
Midland, Texas 79705

Chisos, Ltd.
670 Dona Ana Road
Deming, New Mexico 88030

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

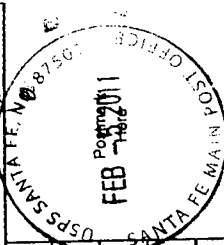
For delivery information visit our website at: www.usps.com

OFFICIAL USE

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

Sent To: Chi Operating, Inc.
P.O. Box 1799
Midland, Texas 79702
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



4998 8894 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:

COG Operating LLC
550 West Texas Avenue
Midland, Texas 79701

2. Article Number
(Transfer from service label)

7008 0500 0001 4683 8495

PS Form 3811, February 2004

Domestic Return Receipt M-PR

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:

Chi Operating, Inc.
P.O. Box 1799
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*

B. Received by (Printed Name) *PERSA GORE* C. Date of Delivery *1102-11-03*

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 4683 8464

PS Form 3811, February 2004

Domestic Return Receipt M-PR

102595-02-M-1540

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

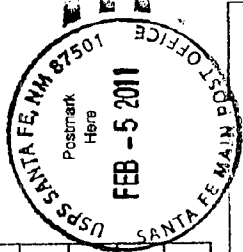
OFFICIAL USE

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

Sent To: COG Operating LLC
550 West Texas Avenue
Midland, Texas 79701
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions



5698 8894 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: **Manzano, LLC**
 121 West Third Street
 Roswell, New Mexico 88201
 Street, Apt. No., or PO Box No.
 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:

Manzano, LLC
 121 West Third Street
 Roswell, New Mexico 88201

2. Article Number
 (Transfer from service label)

7008 0500 0001 4683 8488

PS Form 3811, February 2004

Domestic Return Receipt

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:

Nearburg Producing Company
 Building 2, Suite 120
 3300 North "A" Street
 Midland, Texas 79705

2. Article Number
 (Transfer from service label)

7008 0500 0001 4683 8457

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Uchi Barnett* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *Uchi Barnett* C. Date of Delivery *2-7-11*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

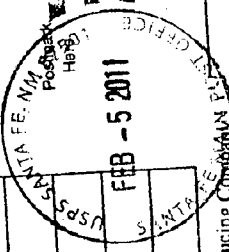
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

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: **Nearburg Producing Company**
 Building 2, Suite 120
 3300 North "A" Street
 Midland, Texas 79705
 Street, Apt. No., or PO Box No.
 City, State, Zip+4

PS Form 3800, August 2005

See Reverse for Instructions

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

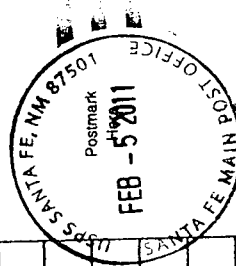
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

EOG Resources, Inc.
 P.O. Box 2267
 Midland, Texas 79702



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 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.

EOG Resources, Inc.
 P.O. Box 2267
 Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) ☐ Date of Delivery
 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

2. Article Number
 (Transfer from service label)
 7008 0500 0001 4683 8518

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 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.

Yates Petroleum Corporation
 105 South Fourth Street
 Artesia, New Mexico 88210

2. Article Number
 (Transfer from service label)
 7008 0500 0001 4683 8471

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) ☐ Date of Delivery
 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

Domestic Return Receipt
 7008 0500 0001 4683 8471

PS Form 3800, August 2006
 See Reverse for Instructions

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

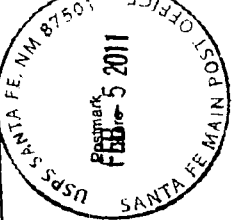
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

Yates Petroleum Corporation
 105 South Fourth Street
 Artesia, New Mexico 88210



7008 0500 0001 4683 8471

PS Form 3800, August 2006
 See Reverse for Instructions

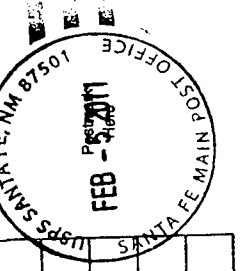
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, Oklahoma 73154
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:

Chisos, Ltd.
670 Dona Ana Road
Deming, New Mexico 88030

2. Article Number
(Transfer from service label)
7008 0500 0001 4683 8440

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sherri Hosking Agent
B. Received by (Printed Name)
SHERRI HOSKING
C. Date of Delivery
FEB 15 2011
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:

Chesapeake Operating, Inc.
P.O. Box 18496
Oklahoma City, Oklahoma 73154
City, State, ZIP+4

2. Article Number
(Transfer from service label)
7008 0500 0001 4683 8501

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

COMPLETE THIS SECTION ON DELIVERY

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

OFFICIAL USE

Postage	\$	\$0.44
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.54

Sent To
Chisos, Ltd.
Street, Apt. No.,
or PO Box No.
Deming, New Mexico 88030
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

