

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

**APPLICATION OF MEWBOURNE OIL COMPANY
FOR APPROVAL OF A NON-STANDARD OIL SPACING
AND PRORATION UNIT, AN UNORTHODOX OIL
WELL LOCATION AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**


Case No. 14,643

AFFIDAVIT OF NOTICE

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

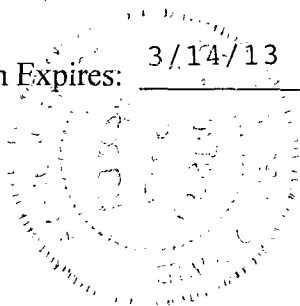
James Bruce, being duly sworn upon his oath, deposes and states:

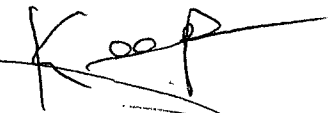
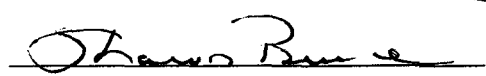
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the offsets 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 11th day of May, 2011 by James Bruce.

My Commission Expires: 3/14/13





Notary Public

Oil Conservation Division
Case No. 8
Exhibit No. 8

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

APPLICATION OF MEWBOURNE OIL COMPANY
FOR APPROVAL OF A NON-STANDARD OIL SPACING
AND PRORATION UNIT, AN UNORTHODOX OIL
WELL LOCATION AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

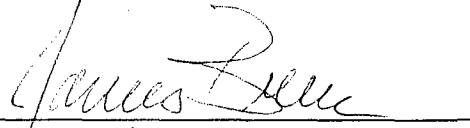
Case No. 14,643

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.
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James Bruce

SUBSCRIBED AND SWORN TO before me this 11th day of May, 2011 by James Bruce.



My Commission Expires: 3/14/13

Notary Public

Oil Conservation Division
Case No. _____
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)

jamesbruce@aol.com

April 21, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

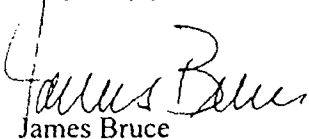
Echo Production, Inc.
P.O. Box 1210
Graham, Texas 76450

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, unorthodox well location, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the W $\frac{1}{2}$ SW $\frac{1}{4}$ 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, May 12, 2011, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. 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, May 5, 2011 if you intend to participate in the hearing.

Very truly yours,

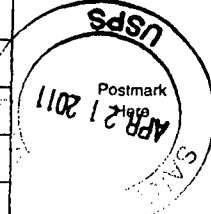

James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT

A

7008 0500 0001 4875 6636

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

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Taylor Doyle

B. Received by (Printed Name) C. Date of Delivery
Taylor Doyle 2/2/11

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

2. Article Number (Transfer from service label) 7008 0500 0001 4875 6636

PS Form 3811, February 2004 Domestic Return Receipt *M L MC 15-6* 102595-02-M-1540

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

April 21, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

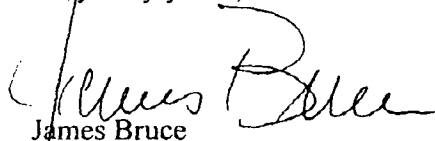
Ladies and gentlemen:

Enclosed is a copy of an application for an unorthodox well location, *etc.*, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the W $\frac{1}{2}$ SW $\frac{1}{4}$ 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, May 12, 2011, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset 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, May 5, 2011 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

Myco Industries, Inc.
P.O. Box 840
Artesia, New Mexico 88211

Chesapeake Exploration LLC
P.O. Box 18496
Oklahoma City, Oklahoma 73154-0496

Hawkins Exploration, Inc.
Suite 1350
200 North Loraine Street
Midland, Texas 79701

McCombs Energy, LLC
Suite 1200
5599 San Felipe
Houston, Texas 77056

Occidental Permian Limited Partnership
5 Greenway Plaza
Houston, Texas 77046

Rubicon Oil and Gas II, LP
Suite 500
508 West Wall Avenue
Midland, Texas 79701

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OFFICIAL USE

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

Sent To
 McCombs Energy, LLC
 Suite 1200
 Street, Apt. No., 5599 San Felipe
 or PO Box No. Houston, Texas 77056
 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:
 McCombs Energy, LLC
 Suite 1200
 5599 San Felipe
 Houston, Texas 77056

2. Article Number
 (Transfer from service label) 7008 0500 0001 4875 6667

PS Form 3811, February 2004 Domestic Return Receipt *2 ML 15-1* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent ☐
 B. Received by (Printed Name) *[Name]* Addressee ☐
 C. Date of Delivery *[Date]*

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:
 Occidental Permian Limited Partnership
 5 Greenway Plaza
 Houston, Texas 77046

2. Article Number
 (Transfer from service label) 7008 0500 0001 4875 6650

PS Form 3811, February 2004 Domestic Return Receipt *2 ML 15-1* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent ☐
 B. Received by (Printed Name) *[Name]* Addressee ☐
 C. Date of Delivery *[Date]*

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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
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OFFICIAL USE

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

Sent To
 Occidental Permian Limited Partnership
 5 Greenway Plaza
 Houston, Texas 77046
 Street, Apt. No., or PO Box No.
 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:

Rubicon Oil and Gas II, LP
Suite 500
508 West Wall Avenue
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7008 0500 0001 4875 6674

PS Form 3811, February 2004

Domestic Return Receipt **ML 15-1** 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Ben Hawkins Date of Delivery 4-26-11
- 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

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

Sent to Hawkins Exploration, Inc.
Suite 1350
Street, Apt. No.: 200 North Loraine Street
or PO Box No. Midland, Texas 79701
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 Rubicon Oil and Gas II, LP
Suite 500
Street, Apt. No.: 508 West Wall Avenue
or PO Box No. Midland, Texas 79701
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:

Hawkins Exploration, Inc.
Suite 1350
200 North Loraine Street
Midland, Texas 79701

2. Article Number
(Transfer from service label)

7008 0500 0001 4875 6674

PS Form 3811, February 2004

Domestic Return Receipt **ML 15-1** 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Ben Hawkins Date of Delivery 4-26-11
- 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

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OFFICIAL USE

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

Sent To Chesapeake Exploration LLC
 P.O. Box 18496
 Street, Apt. No., Oklahoma City, Oklahoma 73154-0496
 or P.O. 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:
 Myco Industries, Inc.
 P.O. Box 840
 Artesia, New Mexico 88211

2. Article Number (Transfer from service label)
 7010 1670 0000 8679 8439

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Colleen Smith* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Colleen Smith

C. Date of Delivery
 APR 25 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

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

1. Article Addressed to:
 Chesapeake Exploration LLC
 P.O. Box 18496
 Oklahoma City, Oklahoma 73154-0496

2. Article Number (Transfer from service label)
 7008 0500 0001 4875 6681

PS Form 3811, February 2004 Domestic Return Receipt *ML 15-1* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *APR 23 2011* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 MAUL ROOM

C. Date of Delivery
 APR 23 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

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

Sent To Myco Industries, Inc.
 Street, Apt. No., P.O. Box 840
 or P.O. Box No. Artesia, New Mexico 88211
 City, State, Zip+4

PS Form 3800, August 2005 See Reverse for Instructions