

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF MEWBOURNE OIL  
COMPANY FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

Case No. 12,238

AFFIDAVIT REGARDING NOTICE

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

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

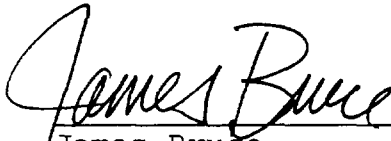
1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Applicant.

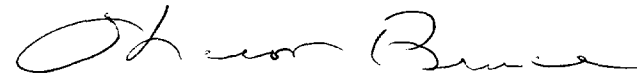
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by mailing each of them, by certified mail, a copy of the Application. Copies of the notice letters and certified return receipts are attached hereto as Exhibit A and Exhibit B.

5. Applicant has complied with the notice provisions of Division Rule 1207.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 15th day of September, 1999, by James Bruce.

  
Notary Public

My Commission Expires:  
3/14/2001

NEW MEXICO  
OIL CONSERVATION DIVISION

EXHIBIT 5

CASE NO. 12238

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA  
SANTA FE, NEW MEXICO 87501

(505) 982-2043  
(505) 982-2151 (FAX)

August 10, 1999

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

To: Persons on Exhibit A

Ladies and Gentlemen:

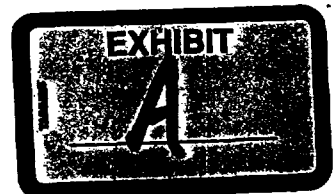
Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the W $\frac{1}{2}$  of Section 28, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, September 2, 1999 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,



James Bruce

Attorney for Mewbourne  
Oil Company



**EXHIBIT A**

Esperanza "28" Fee Com. Well No. 1  
W $\frac{1}{2}$  S28-21S-27E  
Eddy County, New Mexico

Devon Energy Corporation (Nevada)  
20 North Broadway, Suite 1500  
Oklahoma City, Oklahoma 73102

Attention: Carla D. Wood

Redfern Enterprises, Inc.  
P.O. Box 2127  
Midland, Texas 79702-2127

Six Bits, Inc.  
P.O. Box 1277  
Andrews, Texas 79714

J. Hiram Moore, Betty Jane Moore,  
and Michael Harrison Moore, Trustees  
U/T/I dated 7/1/71  
310 West Wall, Suite 404  
Midland, Texas 79701

Attention: Cindy Bennett

Enidina O. Elizondo Medina  
3413 Dornock  
El Paso, Texas 79925

Emma Bellis  
1365 Evans Drive  
Las Cruces, New Mexico 88001

Antonio Vargas  
2920 Wheeling  
El Paso, Texas 79930

Mike Martinez and Erlinda Martinez,  
Trustee of the Martinez Family  
Trust U/T/A dated 5/3/94  
14202 Fairgrove  
La Puente, California 91747

Central Resources, Inc.  
1775 Sherman Street, Suite 2600  
Denver, Colorado 80203

Eugene Elizondo  
1406 Elizondo Road  
Carlsbad, New Mexico 88220

Irma Dailey  
P.O. Box 312  
Groves, Texas 77619

RKC, Inc.  
7029 East Briarwood Circle  
Englewood, Colorado 80112

Attention: Anthony Kochevar

Altura Energy Ltd.  
P.O. Box 4294  
Houston, Texas 77210-4294

Attention: Jerry D. West

Texona Petroleum Corporation  
16365 Park Ten Place, Suite 390  
Houston, Texas 77084-5603

Attention: Kathy Thompson

Texas Independent Exploration, Inc.  
1600 Smith, Suite 3800  
Houston, Texas 77002

Attention: Robert F. Blucher

Rick Zimmerman d/b/a Island Resources  
1600 Smith, Suite 3800  
Houston, Texas 77002

Robert St. John  
One Alabama Court  
Houston, Texas 77027

David V. DeMarco d/b/a  
Black & Gold Resources  
3050 Post Oak Boulevard, Suite 500  
Houston, Texas 77056

J.C. Davis, Jr.  
4703 Boulder Drive  
Midland, Texas 79707

Lowell Todd Armstrong  
850 Azalea  
Houston, Texas 77018

First Union National Bank, Trustee of  
First Texas Investment Statutory Trust  
1001 Fannin Street, Suite 2255  
Houston, Texas 77002

Attention: Jay Chernosky

J.M. Huber Corp.  
1900 West Loop South, Suite 1600  
Houston, Texas 77027

James L. Pierce  
2607 Ward  
Midland, Texas 79705

Attention: W. Paul Loyd

Z 193 735 175

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a, and 4b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 James L. Pierce  
 2607 Ward  
 Midland, Texas 79705

4a. Article Number: Z193735175  
 4b. Service Type:  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

5. Received By: (Print Name) JAMES L. PIERCE  
 6. Signature: (Addressee or Agent) James L. Pierce

7. Date of Delivery: 8-14-99  
 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3800, April 1995  
 102595-99-B-0229 Domestic Return Receipt

Z 193 735 178

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a, and 4b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Texona Petroleum Corporation  
 16365 Park Ten Place, Suite 390  
 Houston, Texas 77084-5603  
 Attention: Kathy Thompson

4a. Article Number: Z193735178  
 4b. Service Type:  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

5. Received By: (Print Name) Kathy Thompson  
 6. Signature: (Addressee or Agent) X L. Morgan

7. Date of Delivery: 8-12-99  
 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3800, April 1995  
 102595-99-B-0229 Domestic Return Receipt

Z 193 735 175

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

**SENDER:**  
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 Consult postmaster for fee.

3. Article Addressed to:  
 James L. Pierce  
 2607 Ward  
 Midland, Texas 79705

4a. Article Number: Z193735175  
 4b. Service Type:  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

5. Received By: (Print Name) JAMES L. PIERCE  
 6. Signature: (Addressee or Agent) James L. Pierce

7. Date of Delivery: 8-14-99  
 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3800, April 1995  
 102595-99-B-0229 Domestic Return Receipt

Z 193 735 178

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

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 Texona Petroleum Corporation  
 16365 Park Ten Place, Suite 390  
 Houston, Texas 77084-5603  
 Attention: Kathy Thompson

4a. Article Number: Z193735178  
 4b. Service Type:  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

5. Received By: (Print Name) Kathy Thompson  
 6. Signature: (Addressee or Agent) X L. Morgan

7. Date of Delivery: 8-12-99  
 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3800, April 1995  
 102595-99-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service

Z 193 735 173

US Postal Service  
Receipt for Certified Mail

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

First Union National Bank, Trustee of  
First Texas Investment Statutory Trust  
1001 Fannin Street, Suite 2255  
Houston, Texas 77002

Attention: Jay Chernosky

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date	USPS - 87501

PS Form 3800, April 1995

102565-99-8-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

First Union National Bank, Trustee of  
First Texas Investment Statutory Trust  
1001 Fannin Street, Suite 2255  
Houston, Texas 77002

Attention: Jay Chernosky

4a. Article Number  
Z 193735173

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

7. Date of Delivery  
12 Aug 94

8. Addressee's Address (Only if requested and fee is paid)  
13 AUG

5. Received By: (Print Name)  
MARJORIE FRUGE

6. Signature: (Addressee or Agent)  
X MARJORIE FRUGE

PS Form 3811, December 1994

is your RETURN ADDRESS completed on the reverse side?

Z 193 735 174

US Postal Service  
Receipt for Certified Mail  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

PS Form 3800, April 1995

Send to: Mike Martinez and Erlinda Martinez, Trustee of the Martinez Family Trust U/T/A dated 5/3/94, 14202 Fairgrove, La Puente, California 91747

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 1.95
Postmark or Date	USPS - 87501

PS Form 3800, April 1995

102565-99-8-0229 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Mike Martinez and Erlinda Martinez,  
Trustee of the Martinez Family  
Trust U/T/A dated 5/3/94  
14202 Fairgrove  
La Puente, California 91747

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X Mike Martinez

PS Form 3811, December 1994

is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service

102565-99-8-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a, and 4b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Rick Zimmerman d/b/a Island Resources  
 1600 Smith, Suite 3800  
 Houston, Texas 77002

4a. Article Number  
 Z 193735124

4b. Service Type  
 Registered  
 Express Mail  
 Certified  
 Return Receipt for Merchandise  
 COD

7. Date of Delivery  
 8-12-99

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature, (Address or Agent)  
 X *[Signature]* MOC

PS Form 3811, December 1994 102595-99-8-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Z 193 735 164

US Postal Service  
Receipt for Certified Mail

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)  
Devon Energy Corporation (Nevada)  
20 North Broadway, Suite 1500  
Oklahoma City, Oklahoma 73102

Attention: Carla D. Wood  
Post Office, State, & ZIP Code

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	1.95
Postmark or Date	AUG 10 1999

PS Form 3800, April 1995



**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a, and 4b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Devon Energy Corporation (Nevada)  
 20 North Broadway, Suite 1500  
 Oklahoma City, Oklahoma 73102  
 Attention: Carla D. Wood

4a. Article Number  
 Z 193735164

4b. Service Type  
 Registered  
 Express Mail  
 Certified  
 Return Receipt for Merchandise  
 COD

7. Date of Delivery  
 8-12-99

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature, (Address or Agent)  
 X *[Signature]* MOC

PS Form 3811, December 1994 102595-99-8-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

US Postal Service  
 Receipt for Certified Mail  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)  
 Sent to  
 Rick Zimmerman d/b/a Island Resources  
 1600 Smith, Suite 3800  
 Houston, Texas 77002

Post Office, State, & ZIP Code

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	1.95
Postmark or Date	AUG 10 1999

USPS - 87501

Z 193 735 124

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**3. Article Addressed to:**

Texas Independent Exploration, Inc.  
1600 Smith, Suite 3800  
Houston, Texas 77002

Attention: Robert F. Blucher

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

X *[Signature]* MOC

PS Form 3811, December 1994

102595-08-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

**4a. Article Number**

2193735180

**4b. Service Type**

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

**7. Date of Delivery**

8-12-99

**8. Addressee's Address (Only if requested and fee is paid)**

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Se Irma Dailey P.O. Box 312 St Groves, Texas 77619	
Post Office, State, & ZIP Code	
Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.70
Postmark or Date	



7 193 735 171

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

**3. Article Addressed to:**

Irma Dailey  
P.O. Box 312  
Groves, Texas 77619

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

X *[Signature]* MOC

PS Form 3811, December 1994

102595-08-B-0229

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

**4a. Article Number**

219373517

**4b. Service Type**

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

**7. Date of Delivery**

8-13-99

**8. Addressee's Address (Only if requested and fee is paid)**

Thank you for using Return Receipt Service.

PS Form 3800 April 1995

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Se Texas Independent Exploration, Inc. 1600 Smith, Suite 3800 Houston, Texas 77002	
Attention: Robert F. Blucher	
Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.70
Postmark or Date	



7 193 735 180



Thank you for using Return Receipt Service

**SENDER:**  
 ■ Complete items 1 and/or 2 for additional services.  
 ■ Complete items 3, 4a, and 4b.  
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I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Enidina O. Elizondo Medina  
 3413 Dornock  
 El Paso, Texas 79925

4a. Article Number  
 Z193735168

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 AUG 13 1998

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS FC

Receipt

7 193 735 168

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to  
 Enidina O. Elizondo Medina  
 3413 Dornock  
 El Paso, Texas 79925

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	7/25
Return Receipt Showing to Whom, Date, & Addressee's Address	7/25
TOTAL Postage & Fees	\$ 3.00
Postmark or Date	PS - 87501

PS Form 3800, April 1995

7 193 735 167

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.

Do not use for International Mail (See reverse)  
 J. Hiram Moore, Betty Jane Moore,  
 and Michael Harrison Moore, Trust  
 U/T/I dated 7/1/71  
 310 West Wall, Suite 404  
 Midland, Texas 79701

Attention: Cindy Bennett

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	7/25
Return Receipt Showing to Whom, Date, & Addressee's Address	7/25
TOTAL Postage & Fees	\$ 3.00
Postmark or Date	PS - 87501

PS Form 3800, April 1995

Thank you for using Return Receipt Service

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 J. Hiram Moore, Betty Jane Moore,  
 and Michael Harrison Moore, Trust  
 U/T/I dated 7/1/71  
 310 West Wall, Suite 404  
 Midland, Texas 79701  
 Attention: Cindy Bennett

4a. Article Number  
 Z193735167

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 8-13-98

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS FC

Is your RETURN ADDRESS completed on the reverse side?

Z 193 735 125

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

PS Form 3800, April 1995

Sent to  
Robert St. John  
One Alabama Court  
Houston, Texas 77027  
Post Office, State, & ZIP Code

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	1000

USPS - 87501

**SENDER:**  
 ■ Complete items 1 and/or 2 for additional services.  
 ■ Complete items 3, 4a, and 4b.  
 ■ Print your name and address on the reverse of this form so that we can return this card to you.  
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.  
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Altura Energy Ltd.  
 P.O. Box 4294  
 Houston, Texas 77210-4294  
 Attention: Jerry D. West

4a. Article Number: 2193735125  
 4b. Service Type:  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
 Certified  
 Insured  
 COD

7. Date of Delivery: 1000

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 JDR

6. Signature: (Addressee or Agent)  
 X

Thank you for using Return Receipt Service.

Z 193 735 179

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

PS Form 3800, April 1995

Altura Energy Ltd.  
 P.O. Box 4294  
 Houston, Texas 77210-4294  
 Attention: Jerry D. West

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	1000
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	USPS - 87501

**SENDER:**  
 ■ Complete items 1 and/or 2 for additional services.  
 ■ Complete items 3, 4a, and 4b.  
 ■ Print your name and address on the reverse of this form so that we can return this card to you.  
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.  
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Robert St. John  
 One Alabama Court  
 Houston, Texas 77027

4a. Article Number: 2193735125  
 4b. Service Type:  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
 Certified  
 Insured  
 COD

7. Date of Delivery: 1000

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 JDR

6. Signature: (Addressee or Agent)  
 X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt



**PS Form 3800, April 1995**

**US Postal Service**  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4, and 4b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Antonio Vargas  
 2920 Wheeling  
 El Paso, Texas 79930

4a. Article Number  
 2193135170

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 8/12/99

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 Elizabeth Casto

6. Signature: (Address of Agent)  
 Elizabeth Casto

102505-00-0-0229 Domestic Return Receipt

**PS Form 3800, April 1995**

**US Postal Service**  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a, and 4b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Six Bits, Inc.  
 P.O. Box 1277  
 Andrews, Texas 79714

4a. Article Number  
 2193135166

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 8-16-99

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 J. Snow

6. Signature: (Address of Agent)  
 J. Snow

102505-00-0-0229 Domestic Return Receipt

**PS Form 3800, April 1995**

**US Postal Service**  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a, and 4b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Antonio Vargas  
 2920 Wheeling  
 El Paso, Texas 79930

4a. Article Number  
 2193135170

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 8/12/99

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 Elizabeth Casto

6. Signature: (Address of Agent)  
 Elizabeth Casto

102505-00-0-0229 Domestic Return Receipt

**PS Form 3800, April 1995**

**US Postal Service**  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a, and 4b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Six Bits, Inc.  
 P.O. Box 1277  
 Andrews, Texas 79714

4a. Article Number  
 2193135166

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 8-16-99

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 J. Snow

6. Signature: (Address of Agent)  
 J. Snow

102505-00-0-0229 Domestic Return Receipt

7 193 735 172

**US Postal Service**  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to  
 Antonio Vargas  
 2920 Wheeling  
 El Paso, Texas 79930  
 Post Office, State, & ZIP Code

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	1.95
Postmark or Date	APR 1 1999

USPS - 87501

Thank you for using Return Receipt Service.

Sent to  
 Six Bits, Inc.  
 P.O. Box 1277  
 Andrews, Texas 79714  
 Post Office, State, & ZIP Code

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	1.95
Postmark or Date	APR 10 1999

USPS - 87501

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

PS Form 3800, April 1995

PS Form 3811, December 1994

102595-99-B-0229

Domestic Return Receipt

4a. Article Number: 2193135127

4b. Service Type:  Certified,  Registered,  Express Mail,  Return Receipt for Merchandise

7. Date of Delivery: 8-17-99

8. Addressee's Address (Only if requested and fee is paid):  
 J.C. Davis, Jr.  
 4703 Boulder Drive  
 Midland, Texas 79707

5. Received By: (Print Name) \_\_\_\_\_

6. Signature: (Addressee or Agent) [Signature]

Is your RETURN ADDRESS completed on the reverse side?

is your RETURN ADDRESS completed on the reverse side?

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to  
 Lowell Todd Armstrong  
 850 Azalea  
 Houston, Texas 77018

Post Office, State, & ZIP Code

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	AUG 10 1999

USPS - 87501

Z 193 735 128

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to  
 J.C. Davis, Jr.  
 4703 Boulder Drive  
 Midland, Texas 79707

Post C

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	AUG 10 1999

USPS - 87501

PS Form 3800, April 1995

PS Form 3811, December 1994

102595-99-B-0229

Domestic Return Receipt

4a. Article Number: 2193135128

4b. Service Type:  Certified,  Registered,  Express Mail,  Return Receipt for Merchandise

7. Date of Delivery: 8-17-99

8. Addressee's Address (Only if requested and fee is paid):  
 Lowell Todd Armstrong  
 850 Azalea  
 Houston, Texas 77018

5. Received By: (Print Name) \_\_\_\_\_

6. Signature: (Addressee or Agent) [Signature]

Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

PS Form 3800, April 1995

PS Form 3811, December 1994

102595-99-B-0229

Domestic Return Receipt

4a. Article Number: 2193135128

4b. Service Type:  Certified,  Registered,  Express Mail,  Return Receipt for Merchandise

7. Date of Delivery: 8-17-99

8. Addressee's Address (Only if requested and fee is paid):  
 Lowell Todd Armstrong  
 850 Azalea  
 Houston, Texas 77018

5. Received By: (Print Name) \_\_\_\_\_

6. Signature: (Addressee or Agent) [Signature]

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Eugene Elizondo  
1406 Elizondo Road  
Carlsbad, New Mexico 88220

4a. Article Number: 2193735170  
4b. Service Type:  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
7. Date of Delivery: 12/19/94  
 Certified  
 Insured  
 COD

5. Received By: (Print Name) Eugene Elizondo  
6. Signature: (Addressee or Agent) *[Signature]*

8. Addressee's Address (Only if requested and fee is paid):  
D. HAY  
12/22/94

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 MOC 102595-98-B-0229 Domestic Return Receipt

2 1 9 3 7 3 5 1 7 0

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

David V. DeMarco d/b/a  
Black & Gold Resources  
3050 Post Oak Boulevard, Suite 500  
Houston, Texas 77056

Post Office, State, & ZIP Code

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	12/19/94
Return Receipt Showing to Whom, Date, & Addressee's Address	12/19/94
TOTAL Postage & Fees	\$ 1.95
Postmark or Date	USPS - 87501

PS Form 3800, April 1995

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

2 1 9 3 7 3 5 1 7 0

Sent to  
Eugene Elizondo  
1406 Elizondo Road  
Carlsbad, New Mexico 88220

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	12/19/94
Return Receipt Showing to Whom, Date, & Addressee's Address	12/19/94
TOTAL Postage & Fees	\$ 1.95
Postmark or Date	USPS - 87501

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
David V. DeMarco d/b/a  
Black & Gold Resources  
3050 Post Oak Boulevard, Suite 500  
Houston, Texas 77056

4a. Article Number: 2193735170  
4b. Service Type:  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
7. Date of Delivery: 12-19-94  
 Certified  
 Insured  
 COD

5. Received By: (Print Name) *[Signature]*  
6. Signature: (Addressee or Agent) *[Signature]*

8. Addressee's Address (Only if requested and fee is paid):

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 MOC 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a, and 4b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Redfern Enterprises, Inc.  
 P. O. Box 2127  
 Midland, Texas 79702-2127

4a. Article Number  
 2193735165

4b. Service Type:  
 Registered  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
 APR 11 1995

8. Address (Only if requested and fee is paid)  
 MIDLAND, TX 79702-2127

5. Received By: (Print Name)  
 J. Buell

6. Signature: (Addressee or Agent)  
 X J. Buell

102595-98-B-0229 Domestic Return Receipt  
 PS Form 3811, December 1994 MOC

Is your RETURN ADDRESS completed on the reverse side?

7 193 735 129

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

J.M. Huber Corp.  
 1900 West Loop South, Suite 1600  
 Houston, Texas 77027

Attention: W. Paul Loyd

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	APR 11 1995

PS Form 3800, April 1995

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a, and 4b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 J.M. Huber Corp.  
 1900 West Loop South, Suite 1600  
 Houston, Texas 77027  
 Attention: W. Paul Loyd

4a. Article Number  
 2193735129

4b. Service Type:  
 Registered  
 Express Mail  
 Return Receipt for Merchandise

7. Date of Delivery  
 APR 11 1995

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)  
 W. Paul Loyd

6. Signature (Addressee or Agent)  
 X W. Paul Loyd

102595-98-B-0229 Domestic Return Receipt  
 PS Form 3811, December 1994 MOC

Is your RETURN ADDRESS completed on the reverse side?

7 193 735 165

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Redfern Enterprises, Inc.  
 P. O. Box 2127  
 Midland, Texas 79702-2127

Post Office, State, & ZIP Code

Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1-25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	APR 11 1995

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Fold at line over top of envelope to the right of the return address

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

Z 193 735 177

**MAIL**

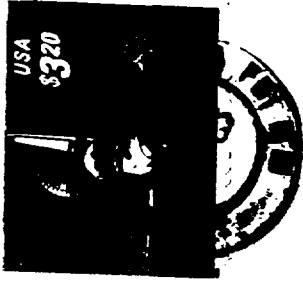
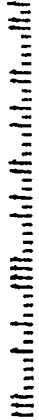
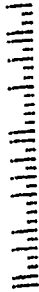


Attr: Anthony Kochevar

SEP 7 1999  
1ST NOTICE \_\_\_\_\_  
2ND NOTICE \_\_\_\_\_  
RETURN \_\_\_\_\_

RKC, Inc.  
7029 East Briarwood Circle  
Englewood, Colorado 80112

87504/1026



Handwritten notes: 8-17, 8-27, 8-27

Z 193 735 177

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to	
RKC, Inc. 7029 East Briarwood Circle Englewood, Colorado 80112	
Post (Attention: Anthony Kochevar)	
Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.00
Postmark or Date	
AUG 10 1999 USPS - 87501	

PS Form 3800, April 1995



**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA  
SANTA FE, NEW MEXICO 87501

(505) 982-2043  
(505) 982-2151 (FAX)

September 3, 1999


**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Joseph Decompiagne  
P.O. Box 1071  
Midland, Texas 79702

Dear Sir:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the W $\frac{1}{4}$  of Section 28, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, September 16, 1999 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

  
James Bruce

Attorney for Mewbourne  
Oil Company

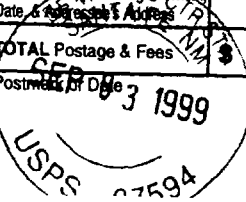


PS Form 3800, April 1995

Z 193 735 123

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Sent to	
Street & #	Joseph Decompiagne P.O. Box 1071
Post Office	Midland, Texas 79702
Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	1-25
TOTAL Postage & Fees	\$ 3.20
Postmark for Date	SEP 3 1999



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Joseph Decompiagne  
 P.O. Box 1071  
 Midland, Texas 79702

4a. Article Number  
 2193735123

4b. Service Type  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
 Certified  
 Insured  
 COD

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature of Addressee or Agent  
 X *[Signature]*

7. Date of Delivery  
 SEP 3 1999

8. Addressee's Address (Print Name and fee(s) only if requested)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 NDC/SP  
 102595-98-B-0229 Domestic Return Receipt