BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF MEWBOURNE OIL COMPANY FOR STATUTORY UNITI-ZATION, LEA COUNTY, NEW MEXICO.

No. 10,959

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 herein.
- 3. Applicant has conducted a good faith, diligent effort to find the correct addresses of interest owners entitled to receive notice of the Application 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 letter and certified return receipts are attached hereto as Exhibit A.
- 5. The notice provisions of Rule 1207 have been complied with.

NEW MENICO
OIL CONSERVATION DIVISION

Newbourne EXHIBIT 7

CASE NO. 10959 + 10960

James Bruce

SUBSCRIBED AND SWORN TO before me this 27 day of April, 1994, by James Bruce.

Notary Public

My Commission expires:

8-15-95

B:\AFFIDAVI.MEW



HINKLE, COX, EATON, COFFIELD & HENSLEY

ATTORNEYS AT LAW

218 MONTEZUMA

POST OFFICE BOX 2068

SANTA FE, NEW MEXICO 87504-2068

(505) 982-4554

FAX (505) 982-8623

LEWIS C. COX, JR. (1924-1993) DY C. SNODGRASS, JR. (1944-1987) CLARENCE E HINKLE (1901-1985) W. E. BONDURANT, JR (1913-1973)

> OF COUNSEL MACK EASLEY

AUSTIN AFFILIATION
HOFFMAN & STEPHENS, P.C.
KENNETH R. HOFFMAN
TOM D. STEPHENS
RONALD C. SCHULTZ, JR

April 6, 1994

700 UNITED BANK PLAZA POST OFFICE BOX IO ROSWELL, NEW MEXICO 88202 (505) 622-6510 FAX (505) 623-9332

2800 CLAYDESTA CENTER 6 DESTA DRIVE POST OFFICE BOX 3580 MIDLAND, TEXAS 79702 (9(5) 683-469(FAX (915) 683-6518

1700 BANK ONE CENTER POST OFFICE BOX 9238 AMARILLO TEXAS 79105 (806) 372-5569 FAX (806) 372-976

500 MARQUETTE N.W., SUITE 800 POST OFFICE BOX 2043 ALBUQUERQUE, NEW MEXICO 87103 (505) 768-1500

401 WEST ISTH STREET SUITE 800 TEXAS MEDICAL ASSOCIATION BUILDING AUSTIN, TEXAS 78701 (512) 476-7137 FAX (512) 476-5431

*NOT LICENSED IN NEW MEXICO *FORMERLY COMPRISING THE FIRM OF CULTON, MORGAN, BRITAIN & WHITE, P.C.

PAUL W EATON
CONRAD E COFFIELD
HAROLD L HENSLEY, JR
STUART O, SHANOR
ERIC D. LANPHERE
C. D. MARTIN
ROBERT P, TINNIN, JR
MARSHALL G, MARTIN
MASTON C, COURTINGY
DON L PATTERSON**
DOUGLAS L LUNSFORD**

DON L PATTERSON'
DOUGLAS L LUNSFORD
NICHOLAS J. NOEDING
T. CALLORE EZZELL JR.
WILLIAM B. BURFORD'
RICHARD R. WILFONG'
THOMAS J. WECHSLER
NANCY S. CUSACK
JEFFREY D. HEWETT
JAMES BILLO
JEFFREY D. HEWETT
JAMES BRUCE
JERRY F. SHACKELFORD'
JEFFREY W. HELLBERG'
WILLIAM F. COUNTISS'
THOMAS M. NHASKO
JOHN C. CHAMBERS'
GARY O. COMPTON'
WILLIAM REPAN'
RUSSELL R. BAILEY'
CHARLES R. WATSON'
HOUSELL R. BAILEY'
CHARLES R. WATSON'
THOMAS D. WATSON'
THOMAS

THOMAS D. HAINES, JR GREGORY J. NIBERT

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

MARK C. DOW
FRED W SCHWENDIMANN
JAMES M. HUDSON
JEFFREY'S, BAIRD'
THOMAS E. HOOD'
REBECCA, NICHOLS JOHNSON
WILLIAM P. JOHNSON
STANLEY K. KOTOVSKY. JR
H. R. THOMAS
ELLEN S. CASEY
MARGARET CARTER LUDEWIG

MARGARET CARTER LUDEWIG

MARGARET CARTER L.
S. BARRY PAISNER
COLEMAN YOUNG**
MARTIN MEYERS
WYAIT L. BROOKS**
DAVID M. RUSSELL**
ANDREW J. CLOUTIER
STEPHANIE LANDRY
KIRT E. MOELLING**

GREGORY S. WHEELER JAMES A. GILLESPIE GARY W. LARSON MARGARET R. MCNETT

LISA K. SMITH"
NORMAN D. EWART
DARREN T GROCE*
MOLLY MCINTOSH
MARCIA B. LINCOLN
SCOTT A. SHUART*
PAUL G. NASON
CATHRYN MCCLANAHAN

Persons on Exhibit A TO:

Dear Sirs:

Mewbourne Oil Company has applied to the New Mexico Oil Conservation Division for statutory (compulsory) unitization of the Querecho Plains Queen Associated Sand Unit. A copy of the Application (without Exhibit C) is enclosed, together with a copy of Mewbourne's Application for the Recovered Oil Tax Rate. Unit Agreement and Unit Operating Agreement have previously been mailed to you by Mewbourne. Mewbourne's records indicate that each of you owns an interest within the proposed Unit Area. Certain of the listed persons have not agreed to voluntarily commit their interests to the Unit. This Application will be heard at 8:15 a.m. on Thursday, April 28, 1994, at the Division's offices at 310 Old Santa Fe Trail, Santa Fe, New Mexico. Failure to appear at that time will preclude you from contesting this matter at a later date.

Very truly yours,

HINKLE, COX, EATON, COFFIELD

& HENSLEY

James Bruce

Attorney for Mewbourne Oil Company

JB/bc Enclosures

EXHIBIT A

Anadardo Petroleum Corp. Attn: Richard Rowe Post Office Box 1330 Houston, TX 77251-1330

Larry Arnold Post Office Box 2253 Hobbs, NM 88241-2253

Carroll Bellah, et ux. c/o Pat Bellah Post Office Box 100 Artesia, NM 88210

Gene Fulmer 212 Lee Street Wichita Falls, TX 76301

Ray Fulmer 212 Lee Street Wichita Falls, TX 76301

Harold Lobley c/o Texoma Supply 811 Mill Street Wichita Falls, TX 76301-5337

The Mansur Living Trust U/T/D 8-26-91 1400 8th Street Wichita Falls, TX 76301

Murjo Oil & Royalty Co. Attn: Bettye Davis Post Office Box 121818 Ft. Worth, TX 76121-1818

OXY USA Inc. Attn: Terry Lindquist Post Office Box 50250 Midland, TX 79710

Clarence Stumhoffer Post Office Box 100416 Ft. Worth, TX 76185-0416

Frieda Tipton Stumhoffer Post Office Box 100416 Ft. Worth, TX 76185-0416 Peggy S. (Bernard) Taylor Post Office Box 25005 Houston, TX 77265-5005

Toombs Trust Oil & Gas Building Wichita Falls, TX 76301

Daniel C. Walker 6729 Brants Lane Ft. Worth, TX 76116-7201

Gary L. Bennett and Candace Jo Bennett Post Office Box 16844 Lubbock, TX 79490

John O. Borg III 324 Henkel Lane Mesa, AZ 85201-6201

Pamela Brooks 2545 Tyler Street Eugene, OR 97405-2266

Kathleen Capps, Trustee of the Heather E. Capps & Nicholete M. Capps Trust Post Office Box 51311 Midland, TX 79710-1311

Cavalcade Holdings Attn: Joe Conner 6901 Quaker Avenue Lubbock, TX 79413

Club Oil & Gas 1777 South Harrison Street Penthouse One Denver, CO 80210

William R. Crow 5007 Canterbury Drive Midland, TX 79705

Thomas Curran 1582 Singleton Wichita Falls, TX 76302 Estate of J. Walter Duncan, Sr. 1777 S. Harrison St. Penthouse One Denver, CO 80210

J. Walter Duncan, Jr. 1777 S. Harrison Street Penthouse One Denver, CO 80210

JWD III, Inc. 1777 S. Harrison Street Penthouse One Denver, CO 80210

Rae I. Little (Deceased) c/o Joye Rix 916 Ninth Street Kenedy, TX 78119

Gregory P. Panos Post Office Box 520311 Salt Lake City, UT 84152

Gladys Shannon 1101 Clara Street Ft. Worth, TX 76102

Roland G. Simpson 536 Gerona Avenue San Gabriel, CA 91775-2228

Joe K. Smith Star Route Carbon, TX 76435

Joseph S. Sprinkle Post Office Box 6483 Denver, CO 80206-0483

Carol David Trammell Post Office Box 5081 Walnut Creek, CA 94596

8:\MAILING.EXA

EXHIBIT A

Anadardo Petroleum Corp. Attn: Richard Rowe Post Office Box 1330 Houston, TX 77251-1330	P	023	919	491
Larry Arnold Post Office Box 2253 Hobbs, NM 88241-2253	P	023	919	492
Carroll Bellah, et ux. c/o Pat Bellah Post Office Box 100 Artesia, NM 88210	P	023	919	493
Gene Fulmer 212 Lee Street Wichita Falls, TX 76301	P	023	919	494
Ray Fulmer 212 Lee Street Wichita Falls, TX 76301	P	023	919	495
Harold Lobley c/o Texoma Supply 811 Mill Street Wichita Falls, TX 76301-5337	P	023	919	496
The Mansur Living Trust U/T/D 8-26-91 1400 8th Street Wichita Falls, TX 76301	P	023	919	497
Murjo Oil & Royalty Co. Attn: Bettye Davis Post Office Box 121818 Ft. Worth, TX 76121-1818	P	023	919	498
OXY USA Inc. Attn: Terry Lindquist Post Office Box 50250 Midland, TX 79710	P	023	919	499
Clarence Stumhoffer Post Office Box 100416 Ft. Worth, TX 76185-0416	P	023	919	500
Frieda Tipton Stumhoffer Post Office Box 100416 Ft. Worth, TX 76185-0416	P	023	919	501

Peggy S. (Bernard) Taylor Post Office Box 25005 Houston, TX 77265-5005	P	023	919	502
Toombs Trust Oil & Gas Building Wichita Falls, TX 76301	P	023	919	503
Dániel C. Walker 6729 Brants Lane Ft. Worth, TX 76116-7201	P	023	919	504
Gary L. Bennett and Candace Jo Bennett Post Office Box 16844 Lubbock, TX 79490	P	023	919	505
John O. Borg III 324 Henkel Lane Mesa, AZ 85201-6201	P	023	919	506
Pamela Brooks 2545 Tyler Street Eugene, OR 97405-2266	P	023	919	507
Kathleen Capps, Trustee of the Heather E. Capps & Nicholete M. Capps Trust Post Office Box 51311 Midland, TX 79710-1311	P	023	919	508
Cavalcade Holdings Attn: Joe Conner 6901 Quaker Avenue Lubbock, TX 79413	P	023	919	509
Club Oil & Gas 1777 South Harrison Street Penthouse One Denver, CO 80210	P	023	919	510
William R. Crow 5007 Canterbury Drive Midland, TX 79705	P	023	919	511
Thomas Curran 1582 Singleton Wichita Falls, TX 76302	P	023	919	512

Estate of J. Walter Duncan, Sr. 1777 S. Harrison St. Penthouse One Denver, CO 80210	P	023	919	513
J. Walter Duncan, Jr. 1777 S. Harrison Street Penthouse One Denver, CO 80210	Р	023	919	514
JWD III, Inc. 1777 S. Harrison Street Penthouse One Denver, CO 80210	P	023	919	515
Rae I. Little (Deceased) c/o Joye Rix 916 Ninth Street Kenedy, TX 78119	P	023	913	261
Gregory P. Panos Post Office Box 520311 Salt Lake City, UT 84152	P	023	913	262
√Gladys Shannon 1101 Clara Street Ft. Worth, TX 76102	P	023	913	263
Roland G. Simpson 536 Gerona Avenue San Gabriel, CA 91775-2228	Р	023	913	264
Joe K. Smith Star Route Carbon, TX 76435	P	023	913	265
Joseph S. Sprinkle Post Office Box 6483 Denver, CO 80206-0483	P	023	913	266
Carol David Trammell Post Office Box 5081 Walnut Creek, CA 94596	P	023	913	267

7. Date of Delivery

and fee is paid)

5. Signature (Addressee)

PS Form 3811, December 1991 #U.S. GPO: 1993-352-714

the second secon

6. Signature (Agent).

4-12-94

8. Addressee's Address (Only if requested

DOMESTIC RETURN RECEIPT

TOTAL Postage

Postmark-or Date 🛊 😹

Thank

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4s & b.		I also wish to receive the following services (for an extra	.	P 023 91	.9 4 94
Print your name and address on the reverse of this form so that we return this card to you.	ve can	fee):	<u> </u>	Receipt fo	r
 Attach this form to the front of the mailpiece, or on the back if st does not permit: 		1. Addressee's Address	_	Certified Mail	
Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and the delivered.	the date	2. Restricted Delivery Consult postmaster for fee.	פנפו		overage Provided International Mail
	la. Artic	23919494 23919494		Sent to Gene Fulm	e4)
- Gane Fulmer	lb. Serv ☐ Regis	tored Insured		Street and Notee Street	4
	Certif	ied 🗆 COD		Nichet a Falls TX	76361
リルン・ノ・イング	•	Merchandise		Postage	\$.98
1 (DU)		APR' 1 1 1994	3	Certified Fee	1.00
		essee's Address (Only if requested ee is paid)	I GIL	Special Delivery Fee	
6. Signature (Agent)	. •		- - -	Return Receipt Showing	((()
PS Form 3811 December 1991 *U.S. GPO: 1993-352-71	4 DC	MESTIC RETURN RECEIPT		P 023 91°	, , ,,,,,, , 495
		And the second s	i		–
SENDER:			- 1,	Receipt for Certified	
• Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.		I also wish to receive the following services (for an extra	G	No Insurance	Coverage Provide
© return this card to you.		fee):	Service	(See Reverse)	THE THE THE
Attach this form to the front of the mailpiece, or on the back if does not permit. Write "Return Receipt Requested" on the mailpiece below the artic.	·			Sent to Kay Jul	nvo
• The Return Receipt will show to whom the article was delivered and			eceipt	Street and Not Su Si	4
3. Article Addressed to:	4a. Ar	ticle Number	E .	P.O., State and ZIP Code, William Falls	TX 76301
* Knit Fulmer		rvice Type _	Return	Postage	\$ 98
3 17/ ca Streat	☐ Reg	istered Linsured	nsing	Certified Fee	1.00
TILL THE		ress Mail Return Receipt for Merchandise		Special Delivery Fee	
VICHITA FAILS, IX	7. Date	e of Delivery	u for	Restricted Delivery Fee	
Signature (Addressee)	8. Add	ressee's Address (Only if requested	κ γ	Return Receipt Showing	1.177
E Signature (Agent)	and	fee is paid)	Than	1P ESO 9	9 496
5 Signature (Agent) 5 Sept. 3811. December 2991 - \$U.S. GPO: 1993-352-3				Receipt fo	or
S Form 3811, December 1991 #U.S. GPO: 1993—352-7	714 D	OMESTIC RETURN RECEIPT	٠,	Certified I	Viail Coverage Provide
					International Ma
SENDER: Complete items 1 and/or 2 for additional services.		I also wish to receive the		Service (366 Heverse)	Texoma Suppl
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that	t we can	following services (for an extra	/ice	Street and No. 11 St	TEXOTIA ENOPOL
return this card to you. • Attach this form to the front of the mailpiece, or on the back if	space	1. Addressee's Address	Ser	P.O. State and 7IP Code	X 7634-5337
does not permit. Write "Return Receipt Requested" on the mailpiece below the artic The Return Receipt will show to whom the article was delivered an			eceipt	Postage	\$ 98
6 delivered.		Consult postmaster for fee.	E	Certified Fee	100
HILAND / ph/pu		723 919 496	E.	Special Delivery Fee	17500
S. Article Addressed to: HUROLD Lobley On Toxono Supply	4b. Se □ Reg	rvice Type istered	9 Re	Restricted Delivery Fee	
of a lexoma suppy	☐ Cer	Date Descipt for	nsing	Return Receipt Showing - to Whom & Date Delivered	1.187)
811 Mill Street Wichita Fulls, TX 1/1301-5227		ress Mail Return Receipt for Merchandise	for	Return Receipt Showing to Whom Date, and Addresses's Address	1/00
2 Wichita Falls, 1x 16301-5337		414	you	TOTAL Postage	5.700
5. Signature (Addressee)	8. Add	ressee's Address (Only if requested fee is paid)	ank	& Fees Postmark or Date	1 × × 1/
6. Signature (Agent)			ř	•-	
PS Form 3811, December 1991 *U.S. GPO: 1993-352-	-714 D	OMESTIC RETURN RECEIPT			
2	_			I	

SENDER: Complete items 1 and/or 2 for additional services.		I also wish to receive the	4		
" a Complete items 3 and 48 & b.	t we can	following services (for an extra	ž	Receipt fo	
Print your name and address on the reverse of this form so that return this card to you		fee):	6	Certified N	
 Attach this form to the front of the mailpiece, or on the back it 	space	1. Addressee's Address	S	No Insurance C	overage Provid
does not permit. Write "Return Receipt Requested" on the mailpiece below the artic	cie number.	2. Restricted Delivery	Receipt	POSTAL SERVICE (Can Payment)	International M
The Return Receipt will show to whom the article was delivered an	nd the date	Consult postmaster for fee.	ပ္မ	(See Reverse)	- 4/
delivered.		iole Number	_	Warsur Living The	est 6/10 8-
3. Article Addressed to:		23 919 497	Return	Street and No. 1400 8th St	2, 00000
The Mansux Living Trust	,	rvice Type	Ę.	1400 8th ST	
E 11/e 11/all Colored	⊟ Regi			P. 9. State and ZIP Code Wichifu Fulls TX	76301
wo U/T/D 8-26-91	L' Cert	ified COD	sing	Postage	1. 75
	l <u> </u>	ress Mail Return Receipt for	ns		\$ 98
Wichita Falls, TX 76301		Werchandise	- to	Certified Fee	(17)
Wichita Falls, TX 76301	7. Date	e of Delivery	3		1.00
A MICHITAL GUS	1	APR 11 1994.	2	Special Delivery Fee	
5. Signature (Addressee)	8. Add	iressee's Address (Only if requeste	ᆂ	Restricted Delivery Fee	
5 - Signature (Addressed)	and	fee is paid)	ğ		
	†		Fi	Return Receipt Showing	1/17
6. Signature (Agent)		-	5	to Whom & Data Delivered	17.00
a Killie Khille		DATESTIC DETUDN DECEID	_		
PS Form 3811, December 1991 *U.S. GPO: 1993-35	2-714	OMESTIC RETURN RECEIP	. :	P 023 919	498
			1	Donaine fo	_
/ <u>Z </u>			-1	Receipt fo	
SENDER: • Complete items 1 and/or 2 for additional services.		I also wish to receive the	, } '	Certified N	
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.		following services (for an extra		No Insurance Companies Do not use for	overage Provide
Print your name and address on the reverse of this form so the	nat we can		Z;	Do not use for (See Reverse)	mternational M
• Attach this form to the front of the mailpiece, or on the back	if space	1. Addressee's Address	Service	Seffecto , and ()	11 11 .
does not permit.				Murjo Oil & Rayatte	lo-Bettyp A
 Write "Return Receipt Requested" on the mailpiece below the ar The Return Receipt will show to whom the article was delivered 			ceipt	Street and No	7
delivered.		Consult postmaster for fee.	_ 2 6 -	POBOX 121818	·
3. Article Addressed to:	-	rticle Number		P.O. State and ZIP Code	1-1818
Murio Oil & houghty Co.	180	123 919 498	Return	Postage	. 00
	4b. S	ervice Type	_ ₹		\$ 98
& Attn: Bettye Davis		gistered		Certified Fee	100
12/8/8 P. O. Box 12/8/8	P Ce	rtified COD	sinc	Secret Dalines For	1-00
S. T. O. LOX	│ □ Ext	oress Mai Return Receipt for	SS :	Special Delivery Fee	ľ
Ff. Worth, TX 76121-1818	7 50	Merchandise	.: ق –	Restricted Delivery Fee	
	/. Da	te of Delivery	- 51		
	<u> </u>	(3/ NO)	_ \$∷	Return Receipt Showing	1 1
5. Signature (Addressee)	8. Ad	resser a Address (Only if requested to 1504)	혈	P 023 919	499
F // // //			Ра	F 063 141	1 411
6. Signeture (Agent)	İ	Y WWW Y	-	Receipt for	
a day to the co	-	MIROW		Certified Ma	.:1
PS Form 3811, December 1991 xu.s. GPO: 1993-35	2-714	DOMESTIC RETURN RECEIP	T ,	No Insurance Cove	
		3			
			, Ř	OSTAL SERVICE (See Reverse)	
			Š	XV 11A Inc. Terns	/:/:
SENDER: Complete items 1 and/or 2 for additional services.	l	I also wish to receive the			Lunagust
Complete items 3, and 4a & b.		following services (for an extra	rvice	POBOX 50250	
• Print your name and address on the reverse of this form so that	we can	fee):	ہا ∑	Of AState-and ZIP Code.	
return this card to you? > Attach this form to the front of the mailpiece, or on the back if	space	 Addressee's Address 	S /	Udland TX 7971	0
does not permit.		a Description	E P	ostage	. 77
Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered an	d the date	2. Restricted Delivery	ceipt		• ()
delivered.		Consult postmaster for fee.	& c	ertified Fee	7. 07 /i
3. Article Addressed to:	4a. Arti	icle Number	E s	pecial Delivery Fee	
E CIEV /ISA Tina	PO	23919 499	Return		
a UNI USA TITO		vice Types	æ ₽	estricted Delivery Fee	j
OXY USA Inc. En attn: Tarny Lindquist	☐ Regi	The state of the s	함뉴	eturn Receipt Showing	1 201
	L Certi			Whom & Date Delivered	1.001
OXY USA Inc. Oth: Tarry Lindquist P.O. Box 50250		ess Mail The Return Receipt for Merchandise	_ B	eturn Receipt Showing to Whom,	
P.O. Box 50250 Midland, TX79710	7. Date	of Delivery	-	oate, end Addresser's Address	-,, , _
a Midiana, Mini	H	1. Molanco		OTAL Postage	\$ 198
E Signatura (Addresses)	8. Add	ressee's Address (Only if requested	. >>	ostmark or Date	~~///
5. Signature (Addressee) 6. Signature (Agent)	and	fee is paid)	듄		ļ
El			۱ <u>۴</u>		
				** about	1
a A world	<u> </u>				ł
> PS Form 3811, December 1991 +U.S. GPO: 1993-352	-714 D	OMESTIC RETURN RECEIPT	J		
on the area of the second					

023 919 500

No Insurance Coverage Provided Do not use for International Mail

Sent to	
"Clavence Stun	n hoffew
Street and the X 100 HIL	
P.O., State and ZIP Code /X 76/	85-0416
Postage	\$ 98
Certified Fee	1-00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addresses's Address	
TOTAL Postage	0198

Do not use for International Mail

Sento Fuica	e Tipi	ton 5	tum	offer
Street and No.	sx 100	416		
P.O. State and	d ZIP Gode	X 76.	185-0	46
Postage			\$ 9	8
Certified Fee			1-0	2)
Special Deliver	y Fee			
Restricted Deli	very Ees			
ດ	прэ	91.9	502	

Do not use for International Mail

	Peggy S. (Bernard)	Taylor
	PO Box 2500	<i>5</i>
	P.O. State and ZIP Code 7772	45-5005
	Postage	\$ 98
	Certified Fee	1.00
	Special Delivery Fee	
1	Restricted Delivery Fee	
•	Return Receipt Showing to Whorn & Date Delivered	1.00
	Return Receipt Showing to Whom, Date, and Addressee's Address	
	TOTAL Postage & Fees	\$2.98

N		F
SENDER: Complete items 1 and/or 2 for additional services.	I also wish to receive the	EO2 P1P ESO 9
 Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the 	following services (for an extra	Receipt for
oreturn this card to you.	100/.	Certified Mail
• Attach this form to the front of the mailpiece, or on the back does not permitted to the following	1. ~	THE NO INSUFERICE COVERAGE Provided
Write "Return Receipt Requested" on the mailpiece below the are The Return Receipt will show to whom the article was delivered.	ticle number. 2. Restricted Delivery	Do not use for International Mail
delivered.	Consult postmaster for fee.	(See Reverse)
3. Article Addressed to:	1 AAA ANTIGUE INDIFIDES	Toombs Thust
Toombs Thust	P023919503	Speet and No Gas Bldg
Soll + Gas Building	I ⊟ Registered ⊟ Insured	P.P., State and ZIP Code
SI Milal Com Ruilling	☐ Certified ☐ COD ☐ ExpressMail ☐ Return Receipt for ☐	Wicheta Falls, TX 76301
Si Wil & Gas Sulding		Postage \$.98
Sy Wichita Falls TX 71.35	7. Date of Delivery	Certified Fee
a richard aus, in 1000	411.94	
5. Signature (Addressee)	8. Addresse's Address (Only if requested	
5. Signature (Addressee)	and fee is paid)	D 077 017
6. Signature (Agent)	The second of th	P 023 919 504
= Xathy (lines)		Receipt for
≥ PS Form 3811, becember 1991 ±U.S. GPD: 1993—35	DOMESTIC RETURN RECEIPT	Certified Mail
		No Insurance Coverage Provided
≗ SENDER:		Do not use for International Mail (See Reverse)
Complete items 1 and/or 2 for additional services.	I also wish to receive the	Capt
 Complete items 3, and 4s & b. Print your name and address on the reverse of this form so the reverse of the	following services (for an extra 5 fee):	Daniel C. Walkey
return this card to you. • Attach this form to the front of the mailpiece, or on the back		Street and No.
does not permit.		P.O. State and ZIP Code
 Write "Return Receipt Requested" on the mailpiece below the arms. The Return Receipt will show to whom the article was delivered. 	and the date	77. Worth, 7X76116 - 7201
5 delivered. 3. Article Addressed to:	Consult postmaster for fee.	\$.98
S. Atticle Addressed to.	D 173 999 504	Certified Fee
= HIMP! (Malka)	P 023 979 504	Special Delivery Fee
	☐ Registered ☐ Insured	Restricted Delivery Fee
8 6149 Dunts Lane	COD S	Thesincles Delivery Fee
# Ff. Worth, TX 76116-7201		Return Receipt Showing to Whom & Date Delivered
0	7. Date of Delivery	Return Receipt Showing to Whom,
	14 04 2	Date, and Addresses's Address
5. Signature (Sparessee) Walker	8. Addlessee's Addless (Qilly if requested and fee is said)	P 023 919 505
	Jonis E	: 6053 171 363
元 6. Signature (Agent)		Receipt for
PS Form 3811, December 1991 *U.S. GPO: 1993—38	2-714 DOMESTIC RETURN RECEIPT.	Certified Mail
2	DOMESTIC RETORIA RECEIPT	No Insurance Coverage Provided Do not use for International Mail
	A CONTRACTOR OF THE PROPERTY O	POSTEL SERVICE (See Reverse)
n SENDER:		Salvy L. + Candare To Bennett
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.	following services (for an extra	
• Print your name and address on the reverse of this form so t		1 PO POR/6844
Attach this form to the front of the mailpiece, or on the back	if space 1. Addressee's Address of	1/11660CK/X 19490
does not permit. • Write "Return Receipt Requested" on the mailpiece below the a	nticle number. 2. Restricted Delivery	Postage \$.9%
The Return Receipt will show to whom the article was delivered delivered.		Certified Fee
3. Article Addressed to:	4n Article Number	
3. Article Addressed to: Suy L. Bennett and Candows & Bennett	P023 919 505	Special Delivery Fee
Gary Londone & Bennett	4b. Service Type	
	☐ Registered ☐ Insured ☐ COD ☐	
3 P.O. Box 16844	Fynress Mail Return Receipt for	to Whom & Bate Delivered /- U
# / 1, 1, 1, 40 mares	Merchandise 5	100
P.O. Box 16844 Lubbock, TX 79490	7. Date of Delivery	TOTAL Postage
5. Signature Addressed	8. Addressee's Address (Only if requested	· (
3 Signature (Addresse)	and fee is paid)	Postmark or Date
6: Signature (Agent)	┥ ,	
5	1	2
PS Form 3811, December 1991 *U.S. GPO: 1993-3	52-714 DOMESTIC RETURN RECEIPT	
■ Section 2		•

79-70-715						
Com	DER:		I also wish to receive the following services (for an extra	;	P 023 919	
Print or return to	your name and address on the reverse of this form so the		fee): page gast plants and the		Receipt for	
Attac	th this form to the front of the mailpiece, or on the back	if space	1. Addressee's Address		Certified N	
Write The F	t permit(ಸ್ಪಕ್ಷಪ್ಪಟ್ಟಿಯಾಗಿಯ and the mailpiece below the art leturn Receipt will show to whom the article was delivered a d. ಸ್ವಾಪಕ್ಷಣ್ಯ ಮತ್ತು ತಿಂದಿಗಳು ಮತ್ತು ಮ	and the date i	2. Restricted Delivery Consult postmaster for fee.	35		overage Provided nternational Mail
3. A	rticle Addressed to:	·	le Number	Se	nt 10/1/2 A Rose	
23. A	TTZA	102	23 9/9 506 ce Type	Str	eet and Ng. / JOIG	
\$ T	ohn 12009 111	4b. Servi	ce Type	3	24 Henkel Lo	ine
3	71 1/2 1 / hma	Regist	ered Insured		State and ZIP.Code 1850 AZ 85201	-6201
	14 HENREL DUNG	☐ Expres	ed ☐ COD ss Mail ☐ Return Receipt for		stage	
	74 Henkel Lune 1054 AL 85201-6201		Merchandise	:	rtified Fee	\$.98
ADDRESS (M)	(Wa), 1/2 00,000 4201	/. Date		₹ ' 📙		1.00
	Tables (Ad Pages)	8 Addre		Sp.	ecial Delivery Fee	
	mature (Addressee)		e is paid)		stricted Delivery Fee	
	Inature (Agent)	-	in dilining years of		turn Receipt Showing	
5				7 1 40		
PS Fo	rm 3811, December 1991 ±U.S. GPO: 1992-32	3-402 DO	MESTIC RETURN RECEIPT		P 023 91	9 507
			<u></u>		- Donaint fo	-
				i 🖊	Receipt for Certified I	
						VI&II Coverage Provide
						International Ma
					(See Reverse)	-
				S	ent to mola Blace	45
				S	traet and No.	<u>, </u>
					43 45 / 4/86 57	
				1	Lugene OR 97	45-2266
				P	ostege	\$.98
				6	ertified Fee	140
				_	and Delimer For	1.00
•				*	pecial Delivery Fee	
				R	estricted Delivery Fee	
				91	eturn Receipt.Showing	1/40
				as I.w	Whom & Date Delivered	1207)
					P 023 919	SOA
				_	Receipt fo	
					Certified	
1				1 6		Coverage Provide International Ma
75 747 200				'	(See Reverse)	micornational init
≆ SEN	DER:		I also wish to receive the	1	Sent to Lathern (s b as
	nplete items 1 and/or 2 for additional services.		following services (for an extra	je je	Treet and NO.	LENS
Pri	nt your name and address on the reverse of this form so		fee): 1. Addressee's Address	Service	1000x 5/3//	
Ş • Atı	ach this form to the front of the mailpiece, or on the bac		l		Midland TX 7	9710-1311
Φ	not permit: ite "Return Receipt Requested" on the mailpiece below the	article number d and the date	2. Restricted Delivery	Receipt	ostage	\$ 98
5 delive	e Return Receipt will show to whom the article was delivered		Consult postmaster for fee.		Certified Fee	
g 3.	Article Addressed to:		123_9/9 508	Ē, L	, ,	1-00
completed	Athlogn Minne Thucker	7 C		ge	Special Delivery Fee	
E 15	oth lean Capps, Thustee the Heather E. & Nicholete M. Capp	4b. Se	istered Insured		Restricted Delivery Fee	
8 2	THE MEATHER E. & NICHOLETE M. CAPI	Eer	tified U	using	Return Receipt Showing	1,
ESS	MIST.	1 200	Return Receipt for Merchandise	- 5° -	o Whom & Date Delivered	1.00
ш /	// DY/3/11//	1.3		- O - F.	0 11.00	

9710 - 1311 Date of Delivery

6. Signature

PS Form 3811, December 1991 &U.S. GPO: 1993-352-714

APR 1 1 1994

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

DOMESTIC RETURN RECEIPT

Return Receipt Showing to Whom, Dete; and Addressee's Address

TOTAL Postage

Postmark or Date

and fee is paid)

DOMESTIC RETURN RECEIPT

±U.S. GPO: 1993-352-714

Signat

PS Fg/m 3811, December 1991

Postmark or Date

SENDER:	I also wish to receive the	P 023 913	2L3
Complete items 1 and/or 2 for additional services Complete items 3, and 4a & b.	*** **	· ·	
Print your name and address on the reverse of this form so that return this card to you.	we can feel the last	Receipt for	
Attach this form to the front of the mailpiece, or on the back if	space 1. Addressee's Address	Certified M	
does not permit. Write "Return Receipt Requested" on the mailpiece below the artic	de number	No insurance Co	•
The Return Receipt will show to whom the article was delivered ar	d the date	UNITED STATES Do not use for in (See Reverse)	iternational Mail
3. Article Addressed to:	4a. Article Number	Sent to	
	P173 913 7/13 E	Gladys Snan	non
Gladic Shannon	P023 913 263 5	Street and No Jaka Sthe	ot
1 Al Ch	Registered Insured :	P.O., Statesand ZIP,Code	
IINI ///// STREET	☐ Certified ☐ COD	Ft. Worth, TX 76	102
To Clark	Express Mail Return Receipt for	Postage	\$ 98
IL Watto IX 7/1/17	7 Date of Relivery	Certified Fee	1 1 2
77. 110an, in 10102	7. Date of Pelivery		100
5. Signature (Addiessee)	>	Special Delivery Fee	1
	8. Addressee's Address (Only if requested and fee is address (Only if requested and fee is a data and	Restricted Delivery Fee	
Bladys Shamor	and fee ismaid)		
6. Signature (Agent)		Return Receipt Showing	1000
	100 100 100 100 100 100 100 100 100 100		-
PS Form 3811, December 1991	DOMEDITO METOLIN MEDELITY	L 053 dī	3 264
		Receipt for	
		Certified M	
SENDER: Complete items 1 and/or 2 for additional services.	I also wish to receive the	No Insurance Co	
Complete items 3, art 4a & b.	following services (for an extra	unter states Do not use for it	nternational Mail
Print your name and address on the reverse of this form so the	fee):	(See Heverse)	
Attach this form to the front of the mailpiece, or on the back	f spece 1. Li Addressee's Address	Seny to	mpson
Write "Return Receipt Requested" on the mailpiece below the art	icle number. 2. Restricted Delivery	Street and No.	
The Return Receipt will show to whom the article was delivered a	nd the date	536 Gerona	tvenue.
3 Article Addressed to:		State and ZIP code CA	91775.77
	P127 43 264	Postage	1122
What Gameson	P 123 913 216 4 4b. Service T		\$.98
e politica Company	Pagietared Of Insured	Certified Fee	1.00
3/2/2/ ANNIA AIMMIR	Certified COD S	Special Delivery Fee	7.00
in the second of		Spacial Delivery Fee	
Sim Gut hin/ Dans	7. Date of Delivery	Restricted Delivery Fee	
JUNUAU (1917)	7/17/09/94 a	Return Receipt Showing	
Signature (Addressee)	8. Addressee s Address (Only if requested	to Whom & Date Delivered	1.00
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and fee is paid)	P 023 913	265
6. Signature (Agent)	 		
Flor diameter different		Receipt fo	r
RS Form 3811, December 1991 *u.s. @Po: 1993-35	2-714 DOMESTIC RETURN RECEIPT,	Certified N	
-			overage Provided
		Do not use for (See Reverse)	International Mail
SENDER: Complete items 1 and/or 2 for additional services.	I also wish to receive the	Sent to	
Complete items 3, and 4a & b.	9 = 4	11 40 2 24.76	
Print your name and address on the reverse of this form so the return this card to you.	following services (for an extra	Street Dang No.	
Attach this form to the front of the mailpiece, or on the back	if space 1. Addressee's Address	P.O. State and ZIP Code	
does not permit. "" Write "Return Receipt Requested" on the mailpiece below the at			135
The Return Receipt will show to whom the article was delivered.	and the date	Postage	\$.98
5 delivered: 3. Article Addressed to:	1a Article Number	Certified Fee	7.70
Joek Swith Star Route Laubon, TX 16435	P123913 265		1.00
= John Denith	P 6 2 3 9 1 3 2 6 5 4b. Service Type	Special Delivery Fee	
5 COCK PURCEUT	∟ Registered ∟ Insured	Restricted Dainess Fee	
State House	☐ Certified ☐ COD		<u> </u>
Carbon, TX 76435	☐ Express Mail ☐ Return Receipt for	Return Receipt Showing to Whom & Date Delivered	1.00
5 11/14/m 7X 16435	7. Date of Delivery		1-00
a continuity in the	7. Date of Delivery	1 1 a	
in the second of	8. Addressee's Address (Only if requested	TOTAL Postage	\$2-98
5. Signature Addressee) 6. Signature (Agent)	and fee is naid)		700
I fly forces		Postmark or Date	
	l l'		1
3911		TALK:	
> PS Form 3811, December 1991 *U.S. GPO: 1993—38	2-714 DOMESTIC RETURN RECEIPT	-	

SENDER: 2 for additional services. Complete items 3, and 4a & b. 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	I also wish to receive the following services (for an extra fee): 1. \(\sum \) Addressee's Address	Receipt for Certified M No Insurance Co Do not use for in (See Reverse)	ail verage Provided
does not permit. Write "Return Receipt Requested" on the mailpiece below the article numb The Return Receipt will show to whom the article was delivered and the dat delivered. 3. Article Addressed to:	Consult postmaster for fee.	Street and Ave 1483	riik/e
Joseph S. Sprinkle J. S. Sprinkle J. S. S. Sprinkle	123.913 266 Engistered Insured	P.O. State and ZIP Code 2 80 Z Postage Certified Fee	\$.98
BEXT	ruffied COD Dress Mail Return Receipt for Merchandise te of Delivery	Special Delivery Fee Restricted Delivery Fee	1.00
punkle 3 = = 3	dressee's Address (Only if requested	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom,	1.00
6) Signature (Agent) 7 P3 Form 3811; December 1991 *U.S. GPO: 1993 582-714	DOMESTIC RETURN RECEIPT	Date, and Addressee's Address	3 267
	31 No. 2 1 No.		/lail overage Provide
SKNDER: Complete items 1 and/or 2 for additional services. Complete items 3_and 4a & b. Print your name and address on the reverse of this form so that we can return this card to you.		Sept David /	International Ma
Attach this form to the front of the mailpiece, or on the back if space does not permit. With Return Receipt Requested" on the mailpiece below the article number of the free mailpiece, or on the back if space does not permit the free mailpiece, or on the back if space does not permit the free mailpiece, or on the back if space does not permit the free mailpiece, or on the back if space does not permit the free mailpiece and the back if space does not permit the free mailpiece below the article number of the free mailpiece below the free mailpiece and the free mailpiece are not also and the free mailpiece and the free	2. Restricted Delivery Consult postmaster for fee.	Street and Boy 508/ Plo. State and ZIP She Walnut Over Co	994596
What Bavid Thamper &	rticle Number 1239/3267 ervice Type gistered Insured	Postage Certified Fee Special Delivery Fee	\$.98
SSE TO TOSK 500/ MAN SOLEX	rtified COD E S	Restricted Delivery Fee Return Receipt Showing	
94596	Idressee's Address (Only if requested d fee is paid)	to Whom & Date Delivered Return Receipt Showing to Whom,	1.00
6, Signature (Agent)		& Fees Postmark or Date	182.98
PS Form 3811 , December 1991 &U.S. GPO: 1993—352-714	DOMESTIC RETURN RECEIPT	· · · · · · · · · · · · · · · · · · ·	¥

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4e & b. Print your name and address on the reverse of this form so returning card to you. Attach this form to the front of the mailpiece, or on the ba	100).
Writt "Return Receipt Requested" on the mailpiece below the The Naturn Receipt will show to whom the article was delivered to the control of the contro	
3 Ar cle Addressed to:	4a. Article Number P 176 012 570
Oil Conservation Division IPO: Box 1980	4b. Service Type Registered Insured Certified COD
HOLDS, NM 88240	Express Mail Return Receipt for Merchandise 7. Date of Delivery
5; Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
67 Signature (Agent)	- E
PS Form 3811, December 1991 +U.S. GPO: 1992-	323-402 DOMESTIC RETURN RECEIPT
NOT LICENSED IN NEW MEXICO TFORMERLY COMPRISING THE FIRM OF CULTON, MORGAN, BRITAIN & WHITE, P.C.	April 4, 1994

FILE COPY

NSLEY

700 UNITED BANK PLAZA POST OFFICE BOX IO ROSWELL, NEW MEXICO 88202 (505) 622-6510 FAX (505) 623-9332

2800 CLAYDESTA CENTER 6 DESTA DRIVE POST OFFICE BOX 3580 MIDLAND, TEXAS 79702 (915) 683-4691 FAX (915) 683-6518

1700 BANK ONE CENTER POST OFFICE BOX 9238 AMARILLO, TEXAS 79105 (806) 372-5569 FAX (806) 372-9761

500 MARQUETTE N.W., SUITE 600 POST OFFICE 60X 2043 ALBUQUERQUE, NEW MEXICO 87103 (505) 768-1500 FAX (505) 768-1529

401 WEST 15TH STREET, SUITE 800
TEXAS MEDICAL ASSOCIATION BUILDING
AUSTIN, TEXAS 78701
(512) 478-7137
FAX (512) 478-5431

CERTIFIED MAIL RETURN RECEIPT REQUESTED NO. P 176 012 570

J. T. Sexton Oil Conservation Division Post Office Box 1980 Hobbs, New Mexico 88240

Dear Mr. Sexton:

Enclosed for your information are the applications of Mewbourne Oil Company for statutory unitization, approval of a waterflood, and for qualification for the recovered oil tax rate for its proposed Querecho Plains Queen Associated Sand Unit. A Form C-108 is attached to the waterflood application. These materials have been filed with the Division in Santa Fe, with a requested hearing date of April 28, 1994.

Very truly yours,

HINKLE, COX, EATON, COFFIELD & HENSLEY

James Bruce

Attorneys for Mewbourne Oil Company

JB/bc Enclosures