

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF NADEL AND GUSSMAN
PERMIAN, L.L.C. FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.

Case No. 13309

AFFIDAVIT REGARDING NOTICE

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

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

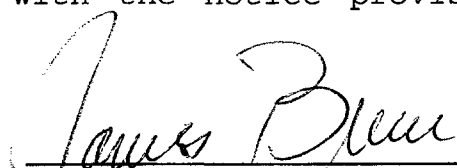
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

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.

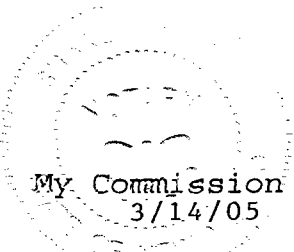
4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

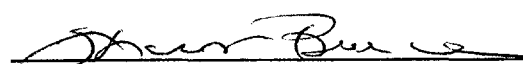
5. Applicant has complied with the notice provisions of Division Rule 1207.



James Bruce

SUBSCRIBED AND SWORN TO before me this 21st day of July, 2004, by James Bruce.


My Commission Expires:
3/14/05



Notary Public

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 6

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

June 25, 2004

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

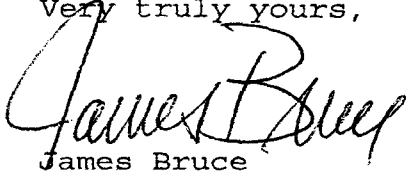
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Nadel and Gussman Permian, L.L.C., regarding the W $\frac{1}{4}$ of Section 23, Township 7 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, July 22, 2004 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, July 16, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,



James Bruce

Attorney for Nadel and Gussman Permian, L.L.C.



EXHIBIT A

Pecos Production Company
Suite 1070
400 West Illinois
Midland, Texas 79701

Campbell Investment Company
15 Fitzwilliam Square
Dublin 2
Republic of Ireland

CALTO Oil Company
P.O. Box 12266
Dallas, Texas 75225

Robert L. Thornton
2700 West Pafford Street
Fort Worth, Texas 76110

William J. Derrick, Trustee
Suite 600
6006 North Meas
El Paso, Texas 79912

Gruy, L.L.C.
6915 Hunters Glen
Dallas, Texas 75205

John D. Cadigan
P.O. Drawer F
Cashmere, Washington 98815

Warren Resources
c/o Ellis Vickers
Suite 302
105 West Third Street
Roswell, New Mexico 88201

Carrie Gray
611 Lincoln Street
Brush, Colorado 80723

Hal Gray
Apt. M206
2140 West 10th Street
Broomfield, Colorado 80102

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

June 25, 2004

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Billy M. Willard
P.O. Box 1086
Borger, Texas 79008

Dear Sir:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Nadel and Gussman Permian, L.L.C., regarding the W½ of Section 23, Township 7 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, July 22, 2004 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, July 16, 2004, if you intend to enter an appearance and participate in the case.

WE UNDERSTAND THAT YOU HAVE VERBALLY AGREED TO A TERM ASSIGNMENT WITH NADEL AND GUSSMAN PERMIAN, L.L.C. IF THE ASSIGNMENT HAS BEEN EXECUTED, YOU MAY IGNORE THIS NOTICE.

Very truly yours,



James Bruce

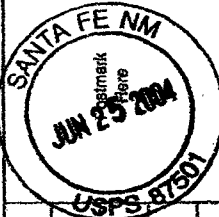
Attorney for Nadel and Gussman Permian, L.L.C.

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

OFFICIAL USE

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

Sent To
Gruy, L.L.C.
6915 Hunters Glen
Dallas, Texas 75205
Street, Apt. No., or PO Box No.
City, State, ZIP+4[®]



PS Form 3800, June 2002
See Reverse for Instructions

7004 0750 0003 8814 5402

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:

Pecos Production Company
Suite 1070
400 West Illinois
Midland, Texas 79701

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

7004 0750 0003 8814 5365

Domestic Return Receipt

102595-02-M-1940

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee
B. Received by (Printed Name) *Constance M. [Signature]* Date of Delivery *6/25/04*
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 ☐ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gruy, L.L.C.
6915 Hunters Glen
Dallas, Texas 75205

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee
B. Received by (Printed Name) *[Signature]* Date of Delivery *6/25/04*
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 ☐ No

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

7004 0750 0003 8814 5402

Domestic Return Receipt

102595-02-M-1540

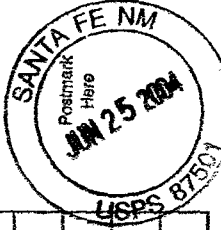
U.S. Postal ServiceTM

CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)
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OFFICIAL USE

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



Sent To

Pecos Production Company
Suite 1070
400 West Illinois
Midland, Texas 79701
Street, Apt. No., or PO Box No.
City, State, ZIP+4[®]

PS Form 3800, June 2002
See Reverse for Instructions

7004 0750 0003 8814 5365

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
 John D. Cadigan
 Street Apt. No., P.O. Drawer #
 Cashmere, Washington 98815
 City, State, ZIP+4

PS Form 3800, June 2002 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:

John D. Cadigan
 P.O. Drawer #
 Cashmere, Washington 98815

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number
 (Transfer from service label)

7004 0750 0003 8814 5419

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

NR-01

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:

Warren Resources
 c/o Ellis Vickers
 Suite 302
 105 West Third Street
 Roswell, New Mexico 88201

2. Article Number
 (Transfer from service label)

7004 0750 0003 8814 5426

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

NR-01

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *x Marie Cadigan* ☐ Agent
- B. Received by (Printed Name) *Marie Cadigan* ☐ Addressed
- C. Date of Delivery *6-27-04*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number
 (Transfer from service label)

7004 0750 0003 8814 5419

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

NR-01

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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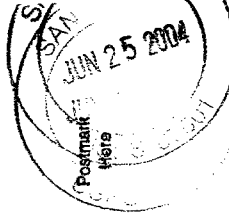
OFFICIAL USE

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

Sent To
 Warren Resources
 c/o Ellis Vickers
 Suite 302
 105 West Third Street
 or PO Box No. Roswell, New Mexico 88201
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



COMPLETE THIS SECTION ON DELIVERY

- A. Signature *x Shawna Harwood* ☐ Agent
- B. Received by (Printed Name) *Shawna Harwood* ☐ Addressed
- C. Date of Delivery *6-28-04*
- 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

7004 0750 0003 8814 5426

Domestic Return Receipt

102595-02-M-1540

NR-01

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:

Robert L. Thornton
2700 West Pafford Street
Fort Worth, Texas 76110

2. Article Number
(Transfer from service label)

7004 0750 0003 8814 5389

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-10-1940

102595-02-10-1940

COMPLETE THIS SECTION ON DELIVERY

A. Signature Robert L. Thornton ☒ Agent ☐ Addressee

B. Received by (Printed Name) Robert L. Thornton C. Date of Delivery 6/28/04

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

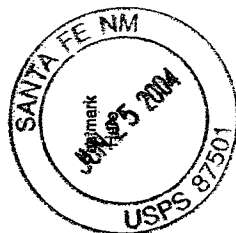
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

U.S. Postal ServiceTM
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OFFICIAL USE

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



Sent To

Robert L. Thornton
2700 West Pafford Street
Fort Worth, Texas 76110
City, State, ZIP+4

PS Form 3800, June 2002

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:

Hal Gray
Apt. M206
2140 West 10th Street
Broomfield, Colorado 80102

2. Article Number

(Transfer from service label)

7004 0750 0003 8814 5440

Domestic Return Receipt

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type ☐ Express Mail ☐ Return Receipt for Merchandise

☒ Certified Mail ☐ Registered ☐ C.O.D.

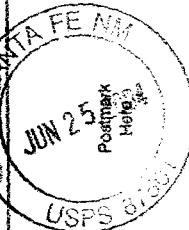
☐ Insured Mail ☐ Yes ☐ No

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

U.S. Postal Service[®]
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only: No Insurance Provided)

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

OFFICIAL USE



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

Sent To

Hal Gray
Street, Apt. No.;
or PO Box No. 2140 West
City, State, ZIP+4[®] Broomfield, Colorado 80102

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0003 8814 5440

CERTIFIED MAIL™

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

NOTICE
JUL 19 2004
TO
FROM



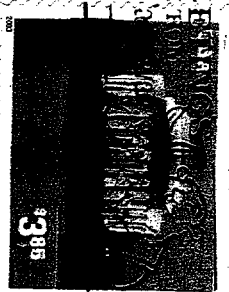
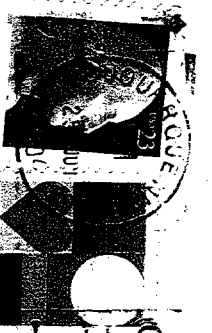
8814 5433

- ☐ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☒ Unclaimed ☐ Refused
- ☐ Attempt - Not Known
- ☐ No Such Person
- ☐ Vacant
- ☐ No Mail Receptacle
- ☐ Box Closed - No Order
- ☐ Return to Sender
- ☐ Postage

Carrie Gray
611 Lincoln Stire
Brush,

UNCLAIMED

6-28-04

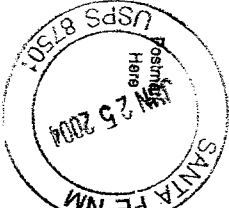


7004 0750 0003 8814 5433

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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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
Carrie Gray
611 Lincoln Street
Brush, Colorado 80723
City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

JAMES BRUCE
PO BOX 1038
SANTA FE NM 87504

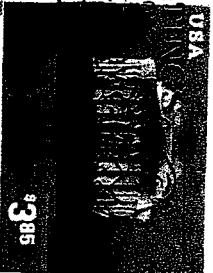
1ST NOTICE
2ND NOTICE
RETURN

7004 0750 0003 8814 5396



William J. Derrick, Trustee
Suite 600
6006 North Meas
El Paso, Texas 79912

753124435

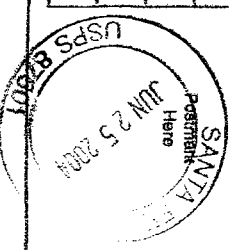


1ST NOTICE
2ND NOTICE
RETURN

7004 0750 0003 8814 5396

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Available (Provided))
For delivery information visit our website at www.usps.com

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



Sent To
Street Apt No., Suite 600
or PO Box No. 6006 North Meas
City, State, Zip+4 El Paso, Texas 79912
William J. Derrick, Trustee
PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0003 8814 5372

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

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

OFFICIAL USE

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



Sent To: CALTO OLL Company
 Street, Apt. No.: P.O. Box 12266
 or PO Box No.: Dallas, Texas 75225
 City, State, ZIP+4:
 PS Form 3800, June 2002 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:

CALTO OLL Company
 P.O. Box 12266
 Dallas, Texas 75225

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *M. Hutcherson* C. Date of Delivery: *5-29-04*
 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: 7004 0750 0003 8814 5372
(Transfer from service label)
 PS Form 3811, August 2001 Domestic Return Receipt *NCI-QD*

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article addressed to:

BILLY M. WILLARD
 P.O. Box 1086
 Borger, Texas 79008

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee
 B. Received by (Printed Name): *Billy M. Willard* C. Date of Delivery: *5-1-04*
 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: 7004 0750 0003 8814 5358
(Transfer from service label)
 PS Form 3811, August 2001 Domestic Return Receipt *NCI-QD*

102595-02-M-1540

Registered No. **R265794870US**

Date Stamp

UNIT ID: 0500

Clerk: KSK1J

06/25/04

To Be Completed By Post Office		To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	
Reg. Fee \$	7.50	FROM	JAMES BRUCE PO BOX 1056 SANTA FE NM 87504 U.S.A.
Handling \$		TO	Cargill Investment Co. 15 Fitzwilliam Square Dublin 2 Republic of Ireland
Charge \$	1.75		
Postage \$	1.60		
Received by	Delivery		
Return Receipt \$			
Restricted \$			
Insurance	☒ With Postal Insurance ☐ Without Postal Insurance		

PS Form 3806, Receipt for Registered Mail

Copy 1 - Customer (See information on Reverse)

June 2002

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