

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

APPLICATION OF DEVON ENERGY PRODUCTION COMPANY, L.P.
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.




CASE NO. 16349

SUPPLEMENTAL AFFIDAVIT OF NOTICE

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

Candace Callahan, being duly sworn upon her 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 Devon Energy Production Company, L.P.
3. Applicant has conducted in 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 additional 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. For those interest owners who Applicant was unable to locate, notice was provided by publication, as reflected an Affidavit of Publication attached hereto as Exhibit B.
6. Applicant has complied with the notice provisions of Form C-108 and Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

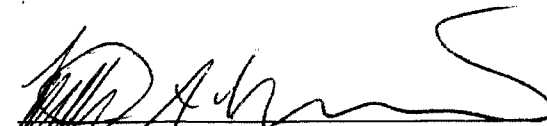


Candace Callahan

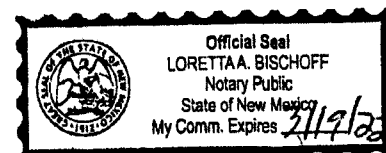
SUBSCRIBED AND SWORN TO before me this 27th day of September, 2018 by
Candace Callahan.

My Commission Expires:

3/19/22



Notary Public



BEATTY & WOZNIAK, P.C.

ATTORNEYS AT LAW
500 DON GASPAR AVENUE
SANTA FE, NEW MEXICO 87505-2626
TELEPHONE (505) 983-8545
FACSIMILE (505) 983-8547
www.bwenergylaw.com

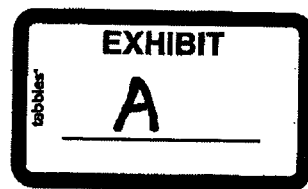
CANDACE CALLAHAN

DIRECT: (505) 983-8764
E-MAIL: CCALLAHAN@BWENERGYLAW.COM

CASPER
CHEYENNE
DENVER
SALT LAKE CITY
SANTA FE

September 5, 2018

VIA CERTIFIED MAIL-RETURN RECEIPT



To: Pooled Parties (Exhibit "A")

Re: New Mexico Oil Conservation Division Application for Non-Standard Spacing and Proration
Unit and Compulsory Pooling, Case No. 16349
Spud Muffin 31-30 334H Well

Dear Ladies and Gentlemen:

This letter is to advise you that Devon Energy Production Company, L.P. has filed the enclosed application for compulsory pooling of all uncommitted mineral interests with the New Mexico Oil Conservation Division. This application will be set for hearing before a Division Examiner at 8:15 a.m. on September 20, 2018. The hearing will be held in the Oil Conservation Division's Santa Fe Offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an interest owner in the well unit you may be affected by this application, and you may appear and present testimony. Failure to appear at that time and become a part of record will preclude you from challenging the matter at a later date.

A party appearing in a Division case is required by Division Rule 19.15.4.13:B to file a Pre-Hearing Statement four business days in advance of a scheduled hearing. This statement must be filed with the Division's Santa Fe office at the above address and should include: the names of the party and its attorney; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned and to the persons listed on Exhibit A.

If you have any questions about this matter, please contact Joe Hammond at (405) 552-8102 or Joe.Hammond@dvn.com.

Very truly yours,

Candace Callahan
Attorney for Devon Energy Production Company, L.P.

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

APPLICATION OF DEVON ENERGY PRODUCTION COMPANY, L.P.
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

CASE NO. 116349

APPLICATION

Devon Energy Production Company, L.P. ("Devon"), through its undersigned attorneys, hereby files this application with the Oil Conservation Division pursuant to the provisions of N.M. Stat. Ann. §70-2-17, for an order pooling all uncommitted mineral interests in the Bone Spring formation underlying E/2E/2 of Sections 30 and 31, Township 23 South, Range 29 East, Eddy County, New Mexico. In support of its application, Devon states:

1. Devon (OGRID 6137) is a working interest owner in the subject acreage and has the right to drill thereon.
2. Devon proposes to dedicate the above-referenced 320.00 acre spacing and proration unit as the standard horizontal spacing and proration unit for the **Spud Muffin 31-30 334H well** to be horizontally drilled in the **Cedar Canyon; Bone Spring (Pool Code 11520)** from a surface location 485' FSL and 185' FEL of Section 31 to a bottom hole location of 230' FNL and 330' FEL of Section 30.
3. This well will be pad-drilled sequentially and batch completed with other wells to be drilled within Sections 30 and 31 in the Bone Spring and Wolfcamp formations which are the subject of separate applications filed by Devon and currently pending before the Division.

4. The completed interval for this well will be orthodox.
5. Devon has sought and has been unable to obtain voluntary agreement for the development of these lands from all of the working interest owners in the subject spacing unit.
6. The pooling of interests will avoid the drilling of unnecessary wells, will prevent waste and will protect correlative rights.
7. As the proposed well will be simultaneously drilled and batch completed with other wells Devon has proposed to be drilled within Sections 30 and 31, Devon requests an extension of the 120-day time period to drill and complete the well provided by the standard pooling order.
8. In order to permit Devon to obtain it's just and fair share of the oil and gas underlying the subject lands, all mineral interests in this standard horizontal spacing and proration unit should be pooled and Devon Energy Production Company, L.P. should be designated the operator of this proposed horizontal well and spacing unit.
9. Notice of this application is being given in accordance with Division rules.

WHEREFORE, Devon requests that this application be set for hearing before an Examiner of the Oil Conservation Division on August 9, 2018, and, after notice and hearing as required by law, the Division enter an order:

- A. Pooling all uncommitted mineral interests in the Bone Spring formation underlying the standard horizontal spacing and proration unit comprised of the E/2E/2 of Sections 30 and 31, Township 23 South, Range 29 East, Eddy County, New Mexico;
- B. Dedicating the **Spud Muffin 31-30 334H** well to the standard horizontal spacing and proration unit for the Bone Spring formation comprised of the E/2E/2 of Sections 30 and 31, Township 23 South, Range 29 East, Eddy County, New Mexico;

- C. Providing an extension of the 120-day requirement to drill and complete the well;
- D. Designating Devon Energy Production Company, L.P. operator of this standard horizontal spacing and proration unit and the horizontal well to be drilled thereon;
- E. Authorizing Devon to recover its costs of drilling, equipping and completing the well;
- F. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- G. Imposing a 200% penalty for the risk assumed by Devon in drilling and completing the initial well against any working interest owner who does not voluntarily participate in the drilling of the well.

Respectfully submitted,

BEATTY & WOZNIAK, P.C.

By: 

Candace Callahan

500 Don Gaspar Avenue

Santa Fe, New Mexico 87505

(505) 983-8545 or (505) 983-8765 (direct)

(800) 886-6566 (fax)

ccallahan@bwenergylaw.com

ATTORNEYS FOR DEVON ENERGY PRODUCTION
COMPANY, L.P.

Exhibit A

Lerwick I Ltd.
56 Stamford St.
Apt 212
Asheville, NC 28803

Michael A. Kulenguski
279 Jones Mtn Rd.
Madison, Virginia 22727

RKC, Inc.
7500 E. Arapahoe Dr.
Centennial, CO 80112-6116

Benco Energy, Inc.
P.O. Box 29
Fort Worth, TX 76101

Leslie R. Honeyman Trust
Lanell Joy Honeyman, Trustee
406 Skywood Circle
Midland, TX 79705

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74121-1468

AWM Management Trust
Annie W. Marion, Trustee
801 Cherry St.
Fort Worth, TX 76102

John S. Tittl
7304 Valencia Grove Ct.
Fort Worth, TX 76132

Roden Participants, Ltd.
2603 Augusta Drive
Suite 430
Houston, TX 77057

Roden Exploration Company
2603 Augusta Drive
Suite 430
Houston, TX 77057

Roden Associates, Ltd.
2603 Augusta Drive
Suite 430
Houston, TX 77057

Mid Continent Energy, Inc.
4127 Gulf of Mexico Drive
Longboat Key, FL 34428

7013 3020 0000 4607 3240

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
ASHEVILLE, NC 28803	
Postage	\$2.75
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
	\$1.21
Total Postage & Fees	\$7.41
Sent To	Lerwick I Ltd.
Street, Apt. or PO Box	56 Stamford St.
City, State	Apt 212 Asheville, NC 28803
PS Form 38	

USPS SANTIAGO NM 87801

SEP 4 2018

SANTA FE MAIN POST OFFICE

097-00203

5001-0092 R



BEATTY & WODZNIAK, P.C.
ENERGY IN THE LAW
500 Don Gaspar Ave.
Santa Fe, NM 87505

7013 3020 0000 4607 3240



1000

25003



U.S. POSTAGE PAID
1000
SANTA FE, NM
87504-18
\$7.41
R200AE106605-18

RETURN RECEIPT
REQUESTED

Lerwick Ltd.
56 Stamford St.
Apt 212
Asheville, NC 28803

5001-0092 R

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:

5001-0092 R

Lerwick Ltd.
56 Stamford St.
Apt 212
Asheville, NC 28803

COMPLETE THIS SECTION ON DELIVERY

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

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

2. Article Number
(Transfer from service label)

7013 3020 0000 4607 3240

PS Form 3811, February 2004

Domestic Return Receipt

1000-000-1000

NIXIE

220 CB 1

7209/14/18

RETURN TO SENDER
NO SUCH NUMBER



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="border-bottom: 1px solid black; display: inline-block; width: 150px;"> <i>X Roxanne Berny</i> </div> <div style="float: right; text-align: right;"> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) <div style="border-bottom: 1px solid black; display: inline-block; width: 150px;"> Roxanne Berny </div> </p> <p>C. Date of Delivery <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"> 9/20/18 </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">5001-0092 R</p> <p>Michael A. Kulenguski 9 Jones Mtn Rd. Madison, Virginia 22727</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7013 3020 0000 4607 3257</p>	

PS Form 3811, February 2004

Domestic Return Receipt

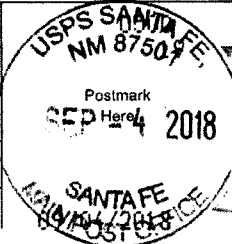
102595-02-M-1540

7013 3020 0000 4607 3257

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

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

MADISON, VA 22727

Postage	\$3.45		\$2.75	
Certified Fee			\$0.00	
Return Receipt Fee (Endorsement Required)			\$0.00	
Restricted Delivery Fee (Endorsement Required)			\$0.00	
	\$1.21			
Total Postage & Fees			\$7.41	

Sent To **Michael A. Kulenguski**

Street, Apt. or PO Box **279 Jones Mtn Rd.**

City, State **Madison, Virginia 22727**

PS Form 3811

5001-0092 R

ditions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>
<p>1. Article Addressed to:</p> <p style="text-align: right; margin-right: 100px;">5001-0092 R</p> <p>RKC, Inc. 7500 E. Arapahoe Dr. Centennial, CO 80112-6116</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <hr/> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7013 3020 0000 4607 3271</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM

CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

ENGLEWOOD, CO 80112

Postage	\$3.45		\$2.75	
Certified Fee			\$0.00	
Return Receipt Fee (Endorsement Required)			\$0.00	
Restricted Delivery Fee (Endorsement Required)			\$0.00	
	\$1.21			
Total Postage & Fees	\$7.41			

Sent To: RKC, Inc.
Street, Apt. or PO Box: 7500 E. Arapahoe Dr.
City, State: Centennial, CO 80112-6116

5001-0092 R

USPS SANTA FE
NM 87500
19
SEP 4 2018
Postmark Here
SANTA FE
MAIN POST OFFICE
09/04/2018

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">5001-0092 R</p> <p>Benco Energy, Inc. P.O. Box 29 Fort Worth, TX 76101</p>		<p>B. Received by (Printed Name) <i>Liberty Vraza</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7013 3020 0000 4607 3264</p>	

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

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FORT WORTH, TX 76101

Postage	\$3.45
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
	\$1.21
Total Price	\$7.41

Sent To: Benco Energy, Inc.
P.O. Box 29
Fort Worth, TX 76101

PS Form 3811, February 2004

USPS SANTA FE NM 87501
SEP 4 2018
SANTA FE NM POST OFFICE
5001-0092 R

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- 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:

Leslie R. Honeyman Trust
Lanell Joy Honeyman, Trustee
406 Skywood Circle
Midland, TX 79705

5001-0092 R

2. Article Number
(Transfer from service label)

7013 3020 0000 4607 3288

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Lanell Joy Honeyman

☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com

MIDLAND, TX 79705

Postage \$2.75

Certified Fee \$0.00

Return Receipt Fee
(Endorsement Required) \$0.00

Restricted Delivery Fee
(Endorsement Required) \$0.00

\$1.21

Total Postage & Fees \$

\$7.41

Sent To

Leslie R. Honeyman Trust

Street, Apt. No.

Lanell Joy Honeyman, Trustee

or PO Box No.

406 Skywood Circle

City, State, ZIP

Midland, TX 79705

PS Form 380

USPS SANTA FE
NM 87505
19

SEP 4 2018

SANTA FE
MAIN POST OFFICE

09/04/2018

5001-0092 R

7013 3020 0000 4607 3288

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- 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:

5001-0092 R
Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74121-1468

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

S Brumfield

☐ Agent☐ Addressee

B. Received by (Printed Name)

S Brumfield

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7013 3020 0000 4607 3295

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service TMCERTIFIED MAIL TM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

TULSA, OK 74121

Postage \$3.45

Certified Fee

\$2.75

\$0.00

Return Receipt Fee
(Endorsement Required)

\$0.00

Restricted Delivery Fee
(Endorsement Required)

\$0.00

\$1.21

Total Postage &

\$7.41

Sent To

Kaiser-Francis Oil Company

Street, Apt. No.,
or PO Box No.

P.O. Box 21468

City, State, ZIP+4

Tulsa, OK 74121-1468

PS Form 3800, August 2000

USPS SANTA FE
NM 87507

Postmark

SEP - 4 2018

SANTA FE
NM 87507
POST OFFICE

5001-0092 R

7013 3020 0000 4607 3295

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY								
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <u><i>[Signature]</i></u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>9-7-18</u></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>								
<p>1. Article Addressed to:</p> <p style="text-align: right; margin-right: 50px;">5001-0092 R</p> <p>AWM Management Trust Annie W. Marion, Trustee 801 Cherry St. Fort Worth, TX 76102</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Service Type</th> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> Certified Mail</td> <td style="padding: 2px;"><input type="checkbox"/> Express Mail</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Registered</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Insured Mail</td> <td style="padding: 2px;"><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	Service Type		<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
Service Type									
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail								
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise								
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.								
<p>2. Article Number (Transfer from service label)</p>	<p style="font-size: 1.2em; text-align: center;">7013 3020 0000 4607 3301</p>								
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>									

7013 3020 0000 4607 3301

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

FORT WORTH, TX 76102

Postage	\$3.45		\$2.75	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; margin: 0 auto; width: 80px;"> <div style="text-align: center;">SEP - 4 2018</div> <div style="text-align: center; font-size: 0.7em;">Postmark Here</div> </div>
Certified Fee			\$0.00	
Return Receipt Fee (Endorsement Required)			\$0.00	
Restricted Delivery Fee (Endorsement Required)			\$0.00	
		\$1.21		
Total Postage & Fees		\$7.41		

Sent To

AWM Management Trust

Street, Apt. No., or PO Box No. Annie W. Marion, Trustee

City, State, ZIP+4 801 Cherry St.
Fort Worth, TX 76102

09/04/2018

5001-0092 R

PS Form 3800, April 2012

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>John S. Tittl</i> C. Date of Delivery <i>9-7-18</i> D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: John S. Tittl 7304 Valencia Grove Ct. Fort Worth, TX 76132		I. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7013 3020 0000 4607 3318	

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

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

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

FORT WORTH, TX 76132

Postage	\$2.75
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$7.41

Sent To: John S. Tittl
7304 Valencia Grove Ct.
Fort Worth, TX 76132

PS Form 3804

SANTA FE
POST OFFICE
SEP 7 2018
09/07/2018

5001-0092 R

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:

5001-0092 R

Roden Participants, Ltd.
2603 Augusta Drive
Suite 430
Houston, TX 77057

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
R. Monroe

B. Received by (Printed Name) *R. Monroe* C. Date of Delivery *9/18/18*

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

Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7013 3020 0000 4607 3325

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

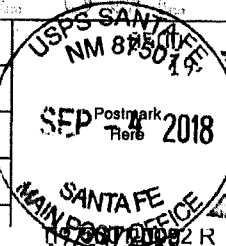
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

HOUSTON, TX 77057

Postage	\$3.75
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage	\$1.71



Sent To **Roden Participants, Ltd.**
2603 Augusta Drive
Street, Apt. No., Suite 430
or PO Box No. **Houston, TX 77057**
City, State, ZIP+

PS Form 3800, August 2006

See Reverse for Instructions

7013 3020 0000 4607 3325

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:

5001-0092 R

Roden Exploration Company
2603 Augusta Drive
Suite 430
Houston, TX 77057

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☒ No

i. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7013 3020 0000 4607 3332

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

HOUSTON, TX 77057

Postage \$2.75

Certified Fee \$2.75

Return Receipt Fee (Endorsement Required) \$0.00

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage \$7.41

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Sent To

Roden Exploration Company

2603 Augusta Drive

Suite 430

Houston, TX 77057

Houston, TX 77057

Houston, TX 77057

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Sent To

Roden Exploration Company

2603 Augusta Drive

Suite 430

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Roden Exploration Company

2603 Augusta Drive

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Roden Exploration Company

2603 Augusta Drive

Suite 430

Houston, TX 77057

Houston, TX 77057

Houston, TX 77057

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">5001-0092 R</p> <p>Roden Associates, Ltd. 2603 Augusta Drive Suite 430 Houston, TX 77057</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>[Signature]</i> <i>[Signature]</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7013 3020 0000 4607 3349</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	

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

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

HOUSTON, TX 77057

Postage	\$2.75
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage	\$1.21

Sent To: Roden Associates, Ltd.
2603 Augusta Drive
Suite 430
Houston, TX 77057

City, State, Z

PS Form 3800, August 2006

See Reverse for Instructions

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

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

LONGBOAT KEY FL 34228

Postage	\$3.65
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage	\$1.21
	\$7.41

USPS SANTA FE NM 87501-580
19
Postmark Here
2018
SANTA FE
MAIN POST OFFICE
04/24/2018

Sent To 5001-0092 R
Mid Continent Energy, Inc.
Street, Apt. No., or PO Box No. 4127 Gulf of Mexico Drive
City, State, ZIP+4 Longboat Key, FL 34228

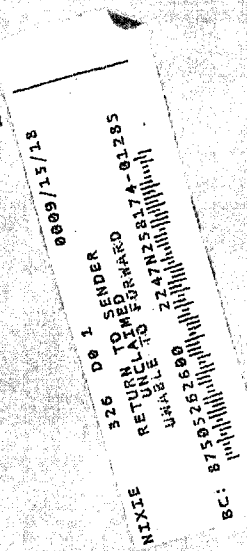
PS Form 3800, Aug. 2004



BEATTY & WOZNIAK, P.C.
 ENERGY IN THE LAW
 500 Don Gaspar Ave.
 Santa Fe, NM 87505



7012 0470 0002 0195 8716



**RETURN RECEIPT
REQUESTED**

Mid Continent Energy, Inc.
 4127 Gulf of Mexico Drive
 Longboat Key, FL 34228
 34228

5001-0092 R



U.S. POSTAGE PAID
 SANTA FE, NM
 PERMIT NO. 19
 \$7.41
 R2304E106555-19

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:

Mid Continent Energy, Inc.
 4127 Gulf of Mexico Drive
 Longboat Key, FL 34228
 34228

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

3. Service Type

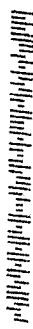
☒ Certified Mail
☐ Registered Mail
☐ Insured Mail
☐ C.O.D.
☐ Restricted Delivery (Extra Fee)
☐ Yes

4. Restricted Delivery (Extra Fee)
☐ Yes

5. Article Addressed to:

Mid Continent Energy, Inc.
 4127 Gulf of Mexico Drive
 Longboat Key, FL 34228
 34228

*Refused
 by addressee
 01/01/18*



CARLSBAD CURRENT-ARGUS

AFFIDAVIT OF PUBLICATION

Ad No.
0001261025

BEATTY & WOZNAK, P.C.
216 SIXTEENTH STREET, SUITE 1100

DENVER CO 80202

I, a legal clerk of the **Carlsbad Current-Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

09/09/18

Legal Clerk

Subscribed and sworn before me this
10th of September 2018.

State of WI, County of Brown
NOTARY PUBLIC

9/19/21

My Commission Expires

Ad#:0001261025
P O : 16349
of Affidavits :0.00

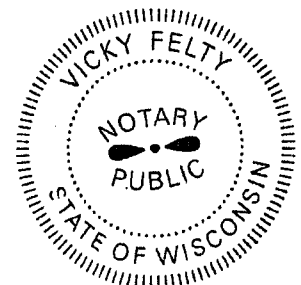
STATE OF NEW MEXICO ENERGY MINERALS AND NATURAL RE- SOURCE DEPART- MENT OIL CONSERVATION DIVISION SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 a.m. on October 4, 2018, in the Oil Conservation Division's Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner, duly appointed for the hearing. OCD Rule Subsection B of 19.15.4.13 NMAC requires parties who intend to present evidence at an adjudicatory hearing to file a pre-hearing statement no later than the Thursday before the hearing and serve a copy on opposing counsel of record. If the OCD does not receive a pre-hearing statement from the applicant by the close of business on the Thursday before the hearing, the hearing may be continued.

STATE OF NEW MEXICO TO:

All named parties and persons having any right, title interest or claim in the following cases and notice to the public (NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated)

TO: Lerwick I Ltd, Michael A. Kulenguski, RKC, Inc., Benco Ener-



gy, Inc., Leslie R.
Honeyman Trust,
Lanell Joy Honeyman,
Trustee of the Leslie
R. Honeyman Trust,
Kaiser-Francis Oil
Company, AWM Man-
agement Trust, John
S. Tittl, Roden Partici-
pants, Ltd., Roden Ex-
ploration Company,
Roden Associates,
Ltd., Mid Continent
Energy, Inc.,

**Case No. 16349: Ap-
plication of Devon En-
ergy Production Com-
pany, L.P. for a non-
standard spacing and
proration unit, and
compulsory pooling,
Eddy County, New
Mexico.** Applicant in
the above-styled
cause seeks an order
pooling all uncommi-
ted mineral interests
in the Bone Spring for-
mation underlying the
E/2E/2 of Sections 30
and 31, Township 23
South, Range 29 East,
Eddy County, New
Mexico. Said standard
320.00 acre horizon-
tal spacing and
proration unit is to be
dedicated to the appli-
cant's **Spud Muffin
31-30 Fed Com 334H**
well to be horizontally
drilled in the **Cedar
Canyon; Bone Spring
(Pool Code 11520)**
from a surface loca-
tion 485' FSL and 185'
FEL of Section 31 to a
bottom hole location
of 230' FNL and 330'
FEL of Section 30.
The completed inter-
val this well will be or-
thodox. Also to be
considered will be the
cost of drilling and
completing the well
and the allocation of
the cost thereof as
well as actual operat-
ing costs and charges
for supervision, desig-
nation of Devon Ener-
gy Production Compa-
ny, L.P. as operator of
the well and a 200%
charge for risk in-
volved in drilling the
well. Said area is lo-
cated approximately
16 miles Southeast of

Carlsbad, New Mexi-
co.
September 9, 2018