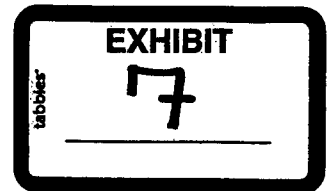


STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION



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:

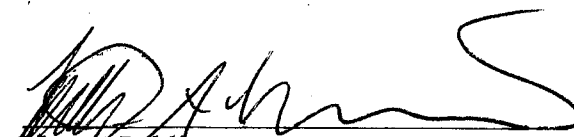
1. I am over the age of 18 and have personal knowledge of the matters stated herein.
2. I am an attorney for Devon Energy Production Company, L.P.
3. Applicant has conducted in good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the 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.



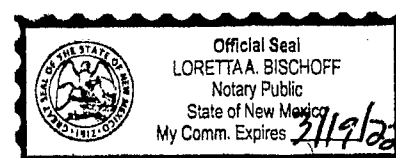
Candace Callahan

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

My Commission Expires:
3/19/22



Notary Public



MIKE

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

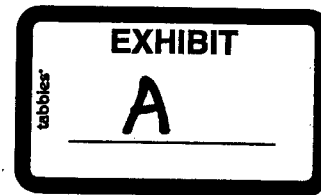
CANDACE CALLAHAN

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

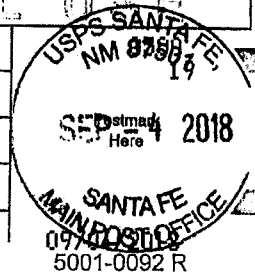
7013 3020 0000 4607 3240

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ASHEVILLE, NC 28803

| | |
|---|--------|
| Postage | \$3.45 |
| Certified Fee | \$2.75 |
| 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.
Apt 212**
City, State: **Asheville, NC 28803**

PS Form 38

015

BEATTY & WIDZNIAK, P.C.
ENERGY IN THE LAW

500 Don Gaspar Ave.
Santa Fe, NM 87505



7013 3020 0000 4607 3240

Handwritten signature/initials

**RETURN RECEIPT
REQUESTED**

5001-0092 R
Lerwick I Ltd.
56 Stamford St.
Apt 212
Asheville, NC 28803

U.S. POSTAGE PAID
FOR LOVEN
SANTA FE, NM
SEP 04/18
AMOUNT
\$7.41
R2304E1 00565-19



28803



1000

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

2. Article Number

(Number from service label)

PS Form 3811, February 2004

Domestic Return Receipt

7013 3020 0000 4607 3240

10000-001-0000

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
☒ X
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
☐ Certified Mail
☐ Registered Mail
☐ Insured Mail
☐ Signature Required
☐ Return Receipt for Merchandise
☐ C.O.D.
4. Restricted Delivery? (Enter Yes) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

5001-0092 R

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

A. Signature
X *Rayanne Berry*

B. Received by (Printed Name)
Rayanne Berry

C. Date of Delivery
9/20/18

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

E. Agent
☐ Addressee
☒ Agent

COMPLETE THIS SECTION ON DELIVERY

2. Article Number 7013 3020 0000 4607 3257

(Transfer from service label)

PS Form 3811, February 2004

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102585-02-M-1540

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MADISON, VA 22727

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



5001-0092 R

Sent To
Michael A. Kulenguski
279 Jones Mtn Rd.
City, State
Madison, Virginia 22727

7013 3020 0000 4607 3257

| 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 <u>X</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <hr/> <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 If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>3. 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> <hr/> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</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>2. Article Number: (Transfer from service label)</p> | <p>7013 3020 0000 4607 3271</p> |

PS Form 3811, February 2004

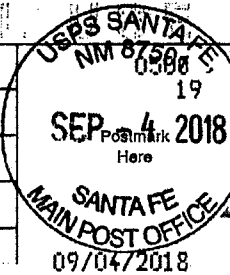
Domestic Return Receipt

102595-02-M-1540

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ENGLEWOOD, CO 80112

| | | | | |
|--|--------|--|---------------|--|
| Postage | \$3.15 | | \$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

PS Form 3811, February 2004

| 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 X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>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 Vrazo</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

| U.S. Postal Service | |
|--|----------------------|
| CERTIFIED MAILTM RECEIPT | |
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| For delivery information visit our website at www.usps.com . | |
| FORT WORTH, TX 76101 | |
| Postage | \$3.15 |
| Certified Fee | \$2.75 |
| Return Receipt Fee (Endorsement Required) | \$0.00 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Price | \$7.41 |
| Sent To: | Benco Energy, Inc. |
| Street, Apt. or P.O. Box | P.O. Box 29 |
| City, State | Fort Worth, TX 76101 |
| PS Form | 5001-0092 R |

7013 3020 0000 4607 3264

USPS SANTA FE NM 87501
SEP 4 2018
SANTA FE
NEW MEXICO

| 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 <u><i>Leslie R. Honeyman</i></u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> | | | | | | |
| <p>1. Article Addressed to:</p> <p style="text-align: right; margin-right: 50px;">5001-0092 R</p> <p>Leslie R. Honeyman Trust Lanell Joy Honeyman, Trustee 406 Skywood Circle Midland, TX 79705</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>2. Article Number (Transfer from service label) 7013 3020 0000 4607 3288</p> | | | | | | | |
| <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input checked="" type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> | | <input checked="" type="checkbox"/> Certified Mail | <input checked="" 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. |
| <input checked="" type="checkbox"/> Certified Mail | <input checked="" 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | | | | | | | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | | | | | | | |

7013 3020 0000 4607 3288

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MIDLAND, TX 79705

| | | | | |
|---|--------|---------------|--------|--|
| Postage | \$3.15 | | \$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. or PO Box No. Lanell Joy Honeyman, Trustee

City, State, Zi 406 Skywood Circle
Midland, TX 79705

USPS SANTIAGO
SEP 4 2018
SANTA FE MAIN POST OFFICE
 09/04/2018
 5001-0092 R

PS Form 3800

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|---|--|
| <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="display: flex; align-items: center;"> X <div style="margin-left: 20px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) <div style="border: 1px solid black; padding: 2px; display: inline-block;">S. Brumfield</div> </p> <p>C. Date of Delivery</p> |
| <p>1. Article Addressed to:</p> <div style="text-align: right; margin-top: 10px;">5001-0092 R</div> <p>Kaiser-Francis Oil Company P.O. Box 21468 Tulsa, OK 74121-1468</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>2. Article Number (Transfer from service label)</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>7013 3020 0000 4607 3295</p> | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | |

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

TULSA, OK 74121-1468

| | | | | |
|--|--------|--|--------|---|
| Postage | \$3.45 | | \$2.75 | <div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> USPS SANTIAGO NM 87507 Postmark Here SEP -4 2018 SANTA FE NM POST OFFICE </div> |
| Certified Fee | | | \$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
5001-0092 R
Street, Apt. No., or PO Box No. P.O. Box 21468
City, State, ZIP+4 Tulsa, OK 74121-1468

PS Form 3800, August 2005

7013 3020 0000 4607 3295

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:

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

5001-0092 R

2. Article Number
(Transfer from service label)

7013 3020 0000 4607 3301

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

9-7-18

D. Is delivery address different from item 1? ☐ YesIf 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

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(Domestic Mail Only; No Insurance Coverage Provided)

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

FORT WORTH, TX 76102

Postage \$3.45

Certified Fee \$2.75

Return Receipt Fee \$0.00

(Endorsement Required)

Restricted Delivery Fee \$0.00

(Endorsement Required)

Total Postage & Fees \$7.41

Sent To

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

City, State, ZIP+4

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

PS Form 3800, April 2003

SEP - 4 2018

Postmark

Here

SANTA FE

MAIN POST OFFICE

09/04/2018
5001-0092 R

| 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>John S. Tittl</i> 9-7-18</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: 100px;">5001-0092 R</p> <p>John S. Tittl 7304 Valencia Grove Ct. Fort Worth, TX 76132</p> | <p>E. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input checked="" 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>2. Article Number (Transfer from service label)</p> | <p>7013 3020 0000 4607 3318</p> |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | |

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 | \$7.45 | | \$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

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

5001-0092 R

PS Form 3800

USPS SANTI
 NM 8760150
 SEP 7 2018
 SANTI
 NEW POST OFFICE
 09/07/2018

7013 3020 0000 4607 3318

| 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 style="font-size: 1.2em;">X <i>R. Monroe</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="font-size: 1.2em;"><i>R. Monroe</i> <i>9/10/18</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="font-size: 0.8em;">If YES, enter delivery address below:</p> | | | | | | | | |
| <p>1. Article Addressed to:</p> <p style="text-align: right; font-size: 0.8em;">5001-0092 R</p> <p style="margin-top: 10px;">Roden Participants, Ltd. 2603 Augusta Drive Suite 430 Houston, TX 77057</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;">7013 3020 0000 4607 3325</p> | | | | | | | | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 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 | \$3.45 |
| Certified Fee | \$2.75 |
| Return Receipt Fee (Endorsement Required) | \$0.00 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage | \$1.21 |

Sent To: **Roden Participants, Ltd.**

Street, Apt. No., or PO Box No.: **2603 Augusta Drive**

City, State, ZIP: **Suite 430
Houston, TX 77057**

USPS SANTIAGO NM 87501

SEP 14 2018

SANTA FE MAIN POST OFFICE

7013 3020 0000 4607 3325

PS Form 3800, August 2006 See reverse for instructions

| 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 <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>E. Monroe</u> C. Date of Delivery <u>9/10/18</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No | |
| 1. Article Addressed to: 5001-0092 R Roden Exploration Company 2603 Augusta Drive Suite 430 Houston, TX 77057 | | 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 3332 | |
| 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 | \$7.41 |
| Certified Fee | \$2.75 |
| Return Receipt Fee (Endorsement Required) | \$0.00 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage | \$10.16 |

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

Postmark: SEP 10 2018

USPS SANTIAGO NM 87504

SANTA FE MAIL SERVICE

PS Form 3800, May 2006

| 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="display: flex; justify-content: space-between;"> X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>11/18/18</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: right; margin-right: 50px;">5001-0092.R</p> <p>Roden Associates, Ltd. 2603 Augusta Drive Suite 430 Houston, TX 77057</p> | <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label) 7013 3020 0000 4607 3349</p> | |

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 | \$3.45 |
| Certified Fee | \$2.75 |
| Return Receipt Fee (Endorsement Required) | \$0.00 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage | \$6.20 |

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

Street, Apt. 1
or PO Box N
City, State, Z

PS Form 3800, August 2005 See Reverse for Instructions

7013 3020 0000 4607 3349

7012 0470 0002 0195 8918

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

LONGBOAT KEY FL 34228 OFFICIAL USE

| | |
|---|--------|
| Postage | \$3.45 |
| 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 87501-5800
SEP 1 2018
Postage Here
SANTA FE
MAIN POST OFFICE
SEP 1 2018

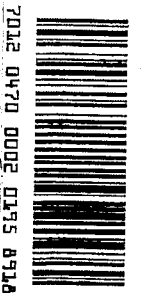
Sent To
Mid Continent Energy, Inc.
Street, Apt. No.,
or PO Box No. 4127 Gulf of Mexico Drive
City, State, ZIP+4 Longboat Key, FL 34228

5001-0092 R

PS Form 3800, 7-07



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



7012 0470 0002 0195 8916

**RETURN RECEIPT
REQUESTED**

58210-471852N4722
06925256548 :28
SENDER 1 60 925 SIXIN
81/51/6000

Mid Continent Energy, Inc.
4127 Gulf of Mexico Drive
Longboat Key, FL 34428
34228

5001-0082 R



U.S. POSTAGE PAID
SANTA FE, NM
\$7.41
R2304E10600-10

SENDER, COMPLETE THIS FORM
■ 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 34428
34228
5001-0082 R

2. Article Number
(Provide from service label)
PS Form 3811, February 2004
Automatic Return Receipt
7012 0470 0002 0195 8916
5001-0082 R

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

4. Restricted Delivery (Other Fee) ☐ Yes ☐ No

Refused
9/10/18
34228

Mid Continent Energy, Inc.
4127 Gulf of Mexico Drive
Longboat Key, FL 34428
34228

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

Lauren R.

Legal Clerk

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

Vicky Felty

State of WI, County of Brown
NOTARY PUBLIC

9/19/21

My Commission Expires

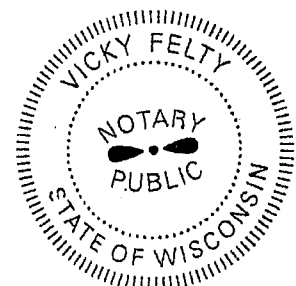
Ad#:0001261025
P O : 16349
of Affidavits :0.00

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 Management Trust, John S. Tittl, Roden Participants, Ltd., Roden Exploration Company, Roden Associates, Ltd., Mid Continent Energy, Inc.,

Case No. 16349: Application of Devon Energy Production Company, 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 uncommitted mineral interests in the Bone Spring formation 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 horizontal spacing and proration unit is to be dedicated to the applicant'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 location 485' FSL and 185' FEL of Section 31 to a bottom hole location of 230' FNL and 330' FEL of Section 30. The completed interval this well will be orthodox. 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 operating costs and charges for supervision, designation of Devon Energy Production Company, L.P. as operator of the well and a 200% charge for risk involved in drilling the well. Said area is located approximately 16 miles Southeast of

Carlsbad, New Mexi-
co.
September 9, 2018

Status of September 5th Pooled Party Mailings Case 16349 (Devon)

| Recipient | Delivered | Receipt | Returned | Published in Argus 9/9/18 |
|--------------------------------------|-----------|---------|----------|------------------------------------|
| 1 Lerwick I Ltd. | | | X | Not delivered but Published 9/9/18 |
| 2 Michael A. Kulenguski | X | X | | |
| 3 RKC, Inc. | X | X | | |
| 4 Benco Energy, Inc. | X | X | | |
| Leslie R. Honeyman Trust, Lanell Joy | | | | |
| 5 Honeyman Trustee | X | X | | |
| Kaiser-Francis Oil Company | X | X | | |
| AWM Management Trust, Annie W Marion | | | | |
| 7 Trustee | X | X | | |
| 8 John S. Tittl | X | X | | |
| 9 Roden Participants, Ltd. | X | X | | |
| Roden Exploration | | | | |
| 10 Company | X | X | | |
| 11 Roden Associates, Ltd. | X | X | | |
| Mid Continent Energy, Inc. | | | | |
| 12 Inc. | | | X | Not delivered but Published 9/9/18 |

Status of July 19th Pooled Party Mailings Case 16349 (Devon)

| Recipient | Delivered | Receipt | Returned | Published in Argus 07/19/18 |
|--|-----------|---------|----------|-----------------------------|
| 1 Oxy USA, Inc. | X | X | | |
| Chevron North America Exploration and Production Co. | | | | |
| 2 Production Co. | X | X | | |
| 3 Nortex Corporation | X | X | | |

Highlighted = returned envelopes / not delivered