

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

**APPLICATION OF CIMAREX ENERGY CO. OF  
COLORADO FOR COMPULSORY POOLING, EDDY  
COUNTY, NEW MEXICO.**

**Case No. 14,771**

**AFFIDAVIT OF NOTICE**

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

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

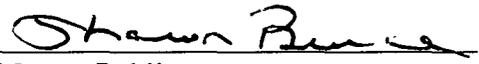
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co. of Colorado.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application 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 Rules NMAC 19.15.4.9 and 19.15.4.12.C.



James Bruce

SUBSCRIBED AND SWORN TO before me this 7<sup>th</sup> day of May , 2012 by James Bruce.

My Commission Expires: 3/14/13

  
Notary Public

Oil Conservation Division  
Case No. \_\_\_\_\_  
Exhibit No. 2

**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](mailto:jamesbruc@aol.com)

November 9, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit 1

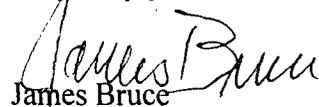
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding two wells in the W $\frac{1}{2}$ SW $\frac{1}{4}$  of Section 1, Township 19 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, December 1, 2011, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Wednesday, November 23, 2011. 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 the 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.

Very truly yours,

  
James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

Exhibit 1

Concho Resources Inc.  
Concho Oil & Gas LLC  
COG Operating LLC  
Suite 100  
550 West Texas  
Midland, Texas 79701

Yates Petroleum Corporation  
Abo Petroleum Corporation  
104 South Fourth Street  
Artesia, New Mexico 88210

OXY Y-1 Company  
Suite 110  
5 Greenway Plaza  
Houston, Texas 77046

Myco Industries, Inc.  
P.O. Box 840  
Artesia, New Mexico 88211

Marshall & Winston, Inc.  
P.O. Box 50880  
Midland, Texas 79710

DMD, LLC  
P.O. Box 300  
Artesia, New Mexico 88211

7008 1140 0003 5864 4494

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Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>

Postmark: 16 NOV 10 2011  
 SPSN 0500  
 11/10/2011

Sent To: OXY Y-1 Company  
 Suite 110  
 5 Greenway Plaza  
 Houston, Texas 77046

PS Form 3800, August 2006 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:

Mycro Industries, Inc.  
 P.O. Box 840  
 Artesia, New Mexico 88211

2. Article Number (Transfer from service label): 7008 1140 0003 5864 4494

PS Form 3811, February 2004 Domestic Return Receipt (X-MT-CZ) 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: Jennifer Miller  Agent  Addressee

B. Received by (Printed Name): Jennifer Miller

C. Date of Delivery: 11/10/2011

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

**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:

OXY Y-1 Company  
 Suite 110  
 5 Greenway Plaza  
 Houston, Texas 77046

2. Article Number (Transfer from service label): 7008 1140 0003 5864 4487

PS Form 3811, February 2004 Domestic Return Receipt (X-MT-CZ) 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: [Signature]  Agent  Addressee

B. Received by (Printed Name): [Signature]

C. Date of Delivery: 11/10/2011

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

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**OFFICIAL USE**

Postage	\$ 0.44
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>

Postmark: 16 NOV 10 2011  
 SPSN 0500  
 11/10/2011

Sent To: Mycro Industries, Inc.  
 P.O. Box 840  
 Artesia, New Mexico 88211

PS Form 3800, August 2006 See Reverse for Instructions

7008 1140 0003 5864 4494

7008 1140 0003 5864 4500

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MIDLAND TX 79710

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Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>

0500  
 16 Postmark Here  
 NOV 10 2011  
 SAN ANTONIO, TX 78201

Sent To: Marshall & Winston, Inc.  
 P.O. Box 50880  
 Midland, Texas 79710

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 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:

Yates Petroleum Corporation  
 Abo Petroleum Corporation  
 104 South Fourth Street  
 Artesia, New Mexico 88210

2. Article Number (Transfer from service label) 7008 1140 0003 5864 4470

PS Form 3811, February 2004 Domestic Return Receipt *Cx MTC*

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

4. Restricted Delivery? (Extra Fee)  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:

Marshall & Winston, Inc.  
 P.O. Box 50880  
 Midland, Texas 79710

2. Article Number (Transfer from service label) 7008 1140 0003 5864 4500

PS Form 3811, February 2004 Domestic Return Receipt *Cx - MTC*

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

4. Restricted Delivery? (Extra Fee)  Yes

7008 1140 0003 5864 4470

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ARTESIA NM 88210

Postage	\$ 0.44
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>

0500  
 16 Postmark Here  
 NOV 10 2011  
 SAN ANTONIO, TX 78201

Sent To: Yates Petroleum Corporation  
 Abo Petroleum Corporation  
 104 South Fourth Street  
 Artesia, New Mexico 88210

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

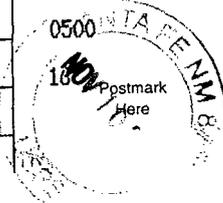
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MIDLAND TX 79701 **OFFICIAL USE**

Postage \$ **10.44**  
 Certified Fee **2.85**  
 Return Receipt Fee (Endorsement Required) **2.30**  
 Restricted Delivery Fee (Endorsement Required) **0.00**



Total Postage & Fees **15.59**  
 Sent To: Concho Resources Inc.  
 Concho Oil & Gas LLC  
 COG Operating LLC

11/10/2011

Street, Apt. No. or PO Box No.: Suite 100  
 550 West Texas  
 Midland, Texas 79701  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 1140 0003 5864 4463

**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:

Concho Resources Inc.  
 Concho Oil & Gas LLC  
 COG Operating LLC  
 Suite 100  
 550 West Texas  
 Midland, Texas 79701

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *ALEX MANUELA* C. Date of Delivery: *11-14*

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:

(Transfer from service label)

7008 1140 0003 5864 4463

PS Form 3811, February 2004

MT(2)

Domestic Return Receipt

102595-02-M-1540

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# Track & Confirm

PRINT DETAILS

YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
70081140000358644517	First-Class Mail®	Delivered	November 12, 2011, 11:51 am	ARTESIA, NM 88211	

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What's your label (or receipt) number?

Find

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- FOIA
- No PEAR Act EEO Data

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 ARTESIA, NM 88211

Postage	\$ 0.44
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>

0500  
 16 Postmark Here  
 NOV 10 2011  
 11/10/2011

Sent To: DMD, LLC  
 P.O. Box 300  
 Street, Apt. No., or PO Box No.: Artesia, New Mexico 88211  
 City, State, ZIP+4

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7008 1140 0003 5864 4517