

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

**APPLICATION OF EDGE PETROLEUM
EXPLORATION COMPANY FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

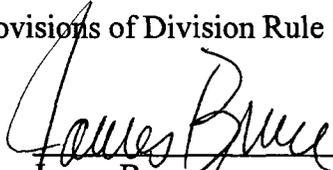
Case No. 13,552

AFFIDAVIT OF NOTICE

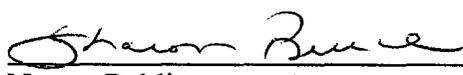
COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

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 Edge Petroleum Exploration Company, and have personal knowledge of the matters stated herein.
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 letters and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.


James Bruce
6th

SUBSCRIBED AND SWORN TO before me this _____ day of September, 2005 by James Bruce.


Notary Public

My Commission Expires:
3/14/09

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 5

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

August 18, 2005

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

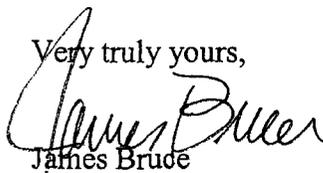
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Edge Petroleum Exploration Company, regarding the N½ of Section 29, Township 20 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 8, 2005, 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 enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Friday, September 2, 2005 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Edge Petroleum Exploration Company



EXHIBIT A

Occidental Permian, Ltd.
Suite 6000
6 Desta Drive
Midland, Texas 79705

BE618 75-1492567
M. BRAD BENNETT, INC.
P.O. BOX 51510
MIDLAND, TX 79710-1510

HU254 75-6278787
EDWARD R. HUDSON TRUSTS 1,2,3
616 TEXAS STREET
FT. WORTH, TX 76102

HU255 75-6197898
THE EDWARD R. HUDSON TRUST #4
MARY T. ARD, TRUSTEE
222 W. 4TH STREET, PH-5
FT. WORTH, TX 76102

HU256 455-50-0190
EDWARD R. HUDSON, JR.
616 TEXAS STREET
FT. WORTH, TX 76102

HU258 455-50-0675
WILLIAM A. HUDSON II
616 TEXAS STREET
FT. WORTH, TX 76102

LE961 22-6928275
DELMAR HUDSON LEWIS LIVING TRU
6300 RIDGLEA PLACE, SUITE 1005-A
FORT WORTH, TX 76116-5736

LI650 452-80-8190
FRANCIS HILL HUDSON
FBO LINDY'S LIVING TRUST
6300 RIDGLEA PLACE, STE. 1005-A
FT. WORTH, TX 76116

MO702 76-0185037
MOORE & SHELTON CO., LTD.
P.O. BOX 3070
GALVESTON, TX 77552

YA812 85-0154842
YATES PETROLEUM CORPORATION
P.O. BOX 1395
ARTESIA, NM 88211-1395

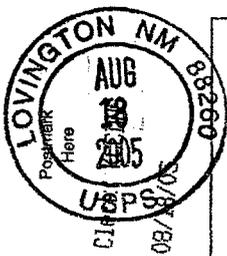
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Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.42
Total Postage & Fees	\$ 8.84

Sent To
EDWARD R. HUDSON, JR.
616 TEXAS STREET
FT. WORTH, TX 76102

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:

DELMAR HUDSON LEWIS LIVING TRU
6300 RIDGLEA PLACE, SUITE 1005-A
FORT WORTH, TX 76116-5736

2. Article Number
(Transfer from service label)
7005 0390 0005 0051 9273

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
DELMA HUDSON *8/22/05*

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

Domestic Return Receipt *Edge* 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:

EDWARD R. HUDSON, JR.
616 TEXAS STREET
FT. WORTH, TX 76102

2. Article Number
(Transfer from service label)
7005 0390 0005 0051 9242

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
DELMA HUDSON *8/22/05*

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

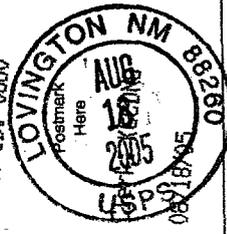
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Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.42
Total Postage & Fees	\$ 8.84

Sent To
DELMAR HUDSON LEWIS LIVING TRU
6300 RIDGLEA PLACE, SUITE 1005-A
FORT WORTH, TX 76116-5736

PS Form 3800, June 2002 See Reverse for Instructions



2426 7500 5000 0660 5002

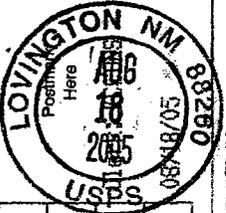
6226 7500 5000 0660 5002

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OFFICIAL USE
FORT WORTH, TX 76102

Postage \$	0.37	UNIT ID: 0660
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)	4.42	
Total Postage & Fees \$		



Sent To
THE EDWARD R. HUDSON TRUST #4
MARY T. ARD, TRUSTEE
222 W. 4TH STREET, PH-5
FT. WORTH, TX 76102
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:

M. BRAD BENNETT, INC.
P.O. BOX 51510
MIDLAND, TX 79710-1510

2. Article Number
(Transfer from service label)

7005 0390 0005 0051 9228
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *M. Brad Bennett* Agent Addressee
B. Received by (Printed Name) *M. Brad Bennett* C. Date of Delivery *8-25*
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

102595-02-M-1540

7005 0390 0005 0051 9228

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:

Ard Oil
Ard Energy
THE EDWARD R. HUDSON TRUST #4
MARY T. ARD, TRUSTEE
222 W. 4TH STREET, PH-5
FT. WORTH, TX 76102

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)

7005 0390 0005 0051 9259
Domestic Return Receipt *Edge*

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *M. Brad Bennett* Agent Addressee
B. Received by (Printed Name) *M. Brad Bennett* C. Date of Delivery *8-22-05*
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

7005 0390 0005 0051 9228
Domestic Return Receipt *Edge*

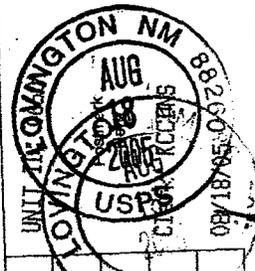
PS Form 3800, June 2002 See Reverse for Instructions

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FORT WORTH, TX 76102

Postage \$	0.37	UNIT ID: 0660
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)	4.42	
Total Postage & Fees \$		



Sent To
M. BRAD BENNETT, INC.
P.O. BOX 51510
MIDLAND, TX 79710-1510
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0005 0051 9228

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OFFICIAL USE

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.42
Total Postage & Fees	\$ 8.84

Sent To
 MOORE & SHELTON CO., LTD.
 P.O. BOX 3070
 GALVESTON, TX 77552

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

UNIT ID: 0660

LEWINGTON NM 88203
 AUG 18 2005
 08:18:05

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:
 YATES PETROLEUM CORPORATION
 P.O. BOX 1395
 ARTESIA, NM 88211-1395

2. Article Number (Transfer from service label)
 7005 0390 0001 6039 2759

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
 Lisa Torri C. Date of Delivery
 8-19-05

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.

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 MOORE & SHELTON CO., LTD.
 P.O. BOX 3070
 GALVESTON, TX 77552

2. Article Number (Transfer from service label)
 7005 0390 0001 6039 2766

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
 Dorothy B. Moore C. Date of Delivery
 8-22-05

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	\$ 0.37	UNIT ID: 0660
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)	4.42	
Total Postage & Fees	\$ 8.84	

Sent To
 YATES PETROLEUM CORPORATION
 P.O. BOX 1395
 ARTESIA, NM 88211-1395

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

LEWINGTON NM 88203
 AUG 18 2005
 08:18:05

PS Form 3800, June 2002. See Reverse for Instructions.

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For delivery information, visit our website at www.usps.com
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Postage	\$ 0.37	UNIT ID: 0660
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)	4.42	
Total Postage & Fees	\$	



Sent To
 FRANCIS HILL HUDSON
 FBO LINDY'S LIVING TRUST
 6300 RIDGLEA PLACE, STE. 1005-A
 FT. WORTH, TX 76116

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:
 WILLIAM A. HUDSON II
 616 TEXAS STREET
 FT. WORTH, TX 76102

2. Article Number
 (Transfer from service label)
 7005 0390 0005 0051 9266

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent Addressee
- B. Received by (Printed Name)
 V. Stalder
 Date of Delivery
 8/22/05
- 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.
 Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt *Edge* 102595-02-M-1540

9266 7500 5000 0051 9266 7005 0390 0005 0051 9266

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:
 FRANCIS HILL HUDSON
 FBO LINDY'S LIVING TRUST
 6300 RIDGLEA PLACE, STE. 1005-A
 FT. WORTH, TX 76116

2. Article Number
 (Transfer from service label)
 7005 0390 0005 0051 9260

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent Addressee
- B. Received by (Printed Name)
 AMY SLOW
 Date of Delivery
 8/22/05
- 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.
 Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt *Edge* 102595-02-M-1540

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Postage	\$ 0.37	UNIT ID: 0660
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)	4.42	
Total Postage & Fees	\$	



Sent To
 WILLIAM A. HUDSON II
 616 TEXAS STREET
 FT. WORTH, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

9266 7500 5000 0051 9266 7005 0390 0005 0051 9266

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

August 29, 2005

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

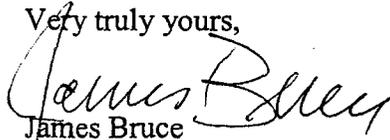
To: Persons on Exhibit A

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Very truly yours,


James Bruce

Attorney for Edge Petroleum Exploration Company

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Suite 6000
6 Desta Drive
Midland, Texas 79705

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M. BRAD BENNETT, INC.
P.O. BOX 51510
MIDLAND, TX 79710-1510

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616 TEXAS STREET
FT. WORTH, TX 76102

HU255 75-6197898
THE EDWARD R. HUDSON TRUST #4
MARY T. ARD, TRUSTEE
222 W. 4TH STREET, PH-5
FT. WORTH, TX 76102

HU256 455-50-0190
EDWARD R. HUDSON, JR.
616 TEXAS STREET
FT. WORTH, TX 76102

HU258 455-50-0675
WILLIAM A. HUDSON II
616 TEXAS STREET
FT. WORTH, TX 76102

LE961 22-6928275
DELMAR HUDSON LEWIS LIVING TRU
6300 RIDGLEA PLACE, SUITE 1005-A
FORT WORTH, TX 76116-5736

LI650 452-80-8190
FRANCIS HILL HUDSON
FBO LINDY'S LIVING TRUST
6300 RIDGLEA PLACE, STE. 1005-A
FT. WORTH, TX 76116

MO702 76-0185037
MOORE & SHELTON CO., LTD.
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P.O. BOX 1395
ARTESIA, NM 88211-1395

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



Sent To
 Street, Apt. No.,
 or PO Box No. EDWARD R. HUDSON TRUSTS 1,2,3
 616 TEXAS STREET
 City, State, ZIP+4 FT. WORTH, TX 76102
 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:

DELMAR HUDSON LEWIS LIVING TRU
 6300 RIDGLEA PLACE, SUITE 1005-A
 FORT WORTH, TX 76116-5736

2. Article Number
(Transfer from service label)

7005 0390 0001 6039 2155

PS Form 3811, February 2004

Domestic Return Receipt *Edg* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee
 B. Received by (Printed Name) *ANNA SOTO* C. Date of Delivery *8/31/05*
 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:

EDWARD R. HUDSON TRUSTS 1,2,3
 616 TEXAS STREET
 FT. WORTH, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee
 B. Received by (Printed Name) *Crystal Vec* C. Date of Delivery *8/31/05*
 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)

7005 0390 0001 6039 2087

PS Form 3811, February 2004

Domestic Return Receipt

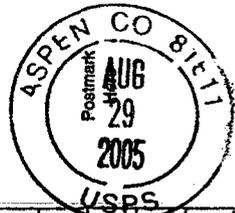
102595-02-M-1540

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OFFICIAL USE

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

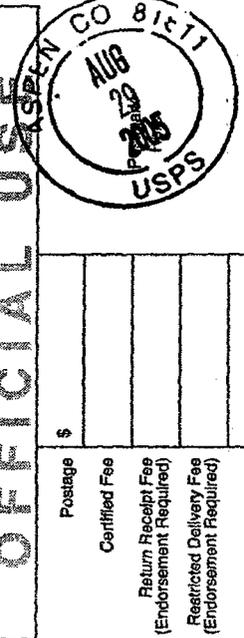


Sent To
 DELMAR HUDSON LEWIS LIVING TRU
 Street, Apt. No.,
 or PO Box No. 6300 RIDGLEA PLACE, SUITE 1005-A
 City, State, ZIP+4 FORT WORTH, TX 76116-5736
 PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0001 6039 2155

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

Sent To
MOORE & SHELTON CO., LTD.
 P.O. BOX 3070
 GALVESTON, TX 77552
 Street, Apt. No., or PO Box No.
 City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0001 6039 2162

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:
 WILLIAM A. HUDSON II
 616 TEXAS STREET
 FT. WORTH, TX 76102

2. Article Number (Transfer from service label)
 7005 0390 0001 6039 2162

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

Domestic Return Receipt PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
 B. Received by (Printed Name) *WILLIAM A. HUDSON II*
 C. Date of Delivery *9-2-05*
 D. Is delivery address different from item 1? Yes No

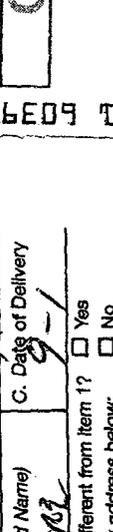
3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

Sent To
 WILLIAM A. HUDSON II
 616 TEXAS STREET
 FT. WORTH, TX 76102
 Street, Apt. No., or PO Box No.
 City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

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

Sent To
 WILLIAM A. HUDSON II
 616 TEXAS STREET
 FT. WORTH, TX 76102
 Street, Apt. No., or PO Box No.
 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:
 MOORE & SHELTON CO., LTD.
 P.O. BOX 3070
 GALVESTON, TX 77552

2. Article Number (Transfer from service label)
 7005 0390 0001 6039 2162

Domestic Return Receipt PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
 B. Received by (Printed Name) *DONALD B. MOORE*
 C. Date of Delivery *9-1*
 D. Is delivery address different from item 1? Yes No

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

Sent To
 WILLIAM A. HUDSON II
 616 TEXAS STREET
 FT. WORTH, TX 76102
 Street, Apt. No., or PO Box No.
 City, State, Zip+4

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

Sent To
 WILLIAM A. HUDSON II
 616 TEXAS STREET
 FT. WORTH, TX 76102
 Street, Apt. No., or PO Box No.
 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:
 MOORE & SHELTON CO., LTD.
 P.O. BOX 3070
 GALVESTON, TX 77552

2. Article Number (Transfer from service label)
 7005 0390 0001 6039 2162

Domestic Return Receipt PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
 B. Received by (Printed Name) *WILLIAM A. HUDSON II*
 C. Date of Delivery *9-2-05*
 D. Is delivery address different from item 1? Yes No

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

Sent To
 WILLIAM A. HUDSON II
 616 TEXAS STREET
 FT. WORTH, TX 76102
 Street, Apt. No., or PO Box No.
 City, State, Zip+4

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

Sent To
 FRANCIS HILL HUDSON
 FBO LINDY'S LIVING TRUST
 6300 RIDGLEA PLACE, STE. 1005-A
 FT. WORTH, TX 76116

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:

YATES PETROLEUM CORPORATION
 P.O. BOX 1395
 ARTESIA, NM 88211-1395

2. Article Number
(Transfer from service)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) *Yates Tracy* C. Date of Delivery *8-31-05*
- 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

102595-02-M-1540

7005 0390 0001 6039 2148

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:

FRANCIS HILL HUDSON
 FBO LINDY'S LIVING TRUST
 6300 RIDGLEA PLACE, STE. 1005-A
 FT. WORTH, TX 76116

2. Article Number
(Transfer from service)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) *Yates Tracy* C. Date of Delivery *8/31/05*
- 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

7005 0390 0001 6039 2148

Domestic Return Receipt

102595-02-M-1540

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

Sent To
 YATES PETROLEUM CORPORATION
 P.O. BOX 1395
 ARTESIA, NM 88211-1395

PS Form 3800, June 2002
 See Reverse for Instructions



7005 0390 0001 6039 2148



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Label/Receipt Number: **7005 0390 0001 6039 2179**
Status: **Delivered**

Your item was delivered at 8:31 am on September 02, 2005 in FORT WORTH, TX 76102.

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Enter Label/Receipt Number.

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

Sent To: EDWARD R. HUDSON, JR.
Street, Apt. No., or PO Box No.: 616 TEXAS STREET
City, State, ZIP+4: FT. WORTH, TX 76102

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ASPEN
AUG 29 2005

7005 0390 0001 6039 3091

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



Sent To: THE EDWARD R. HUDSON TRUST #4
 Street, Apt. No.: MARY T. ARD, TRUSTEE
 or PO Box No.: 222 W. 4TH STREET, PH-5
 City, State, ZIP+4: FT. WORTH, TX 76102

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Label/Receipt Number: 7005 0390 0001 6039 2094
Status: **Delivered**

Your item was delivered at 9:24 am on September 07, 2005 in
MIDLAND, TX 79705.

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4502 6E09 1000 06E0 5002

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

Postmark: ASPEN CO 81871 AUG 07 2005

Sent To: M. BRAD BENNETT, INC.
Street, Apt. No., or PO Box No.: P.O. BOX 51510
City, State, ZIP+4: MIDLAND, TX 79710-1510

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Label/Receipt Number: 7005 0390 0001 6039 2100
Status: **Delivered**

Your item was delivered at 10:11 am on September 07, 2005 in MIDLAND, TX 79705.

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Enter Label/Receipt Number.

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

Postmark
SEP 07 2005
ASPEN CO 81417

Sent To: Occidental Permian, Ltd.
Suite 6000
Street, Apt. No., or PO Box No.: 6 Desta Drive
City, State, ZIP+4: Midland, Texas 79705

PS Form 3800, June 2002 See Reverse for Instructions

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

September 1, 2005

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Providence Oil & Gas Corp.
7160 South College Avenue
Tulsa, Oklahoma 74136

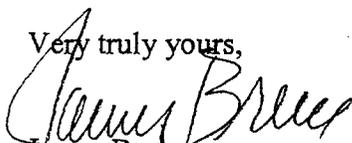
Attention: Jack Kelly

Ladies and gentlemen:

Enclosed is a copy of an amended application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Edge Petroleum Exploration Company, regarding the N½ of Section 29, Township 20 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 8, 2005, 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 enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Edge Petroleum Exploration Company



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Label/Receipt Number: 7005 0390 0005 0052 5021
Status: **Delivered**

Your item was delivered at 11:24 am on September 06, 2005 in TULSA, OK 74136.

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Enter Label/Receipt Number.

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

Stamp: SEP 1 2005, SANTA FE, NM, USPS 87501

Sent To: Providence Oil & Gas Corp.
7160 South College Avenue
Tulsa, Oklahoma 74136

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

PS Form 3800, June 2002 See Reverse for Instructions