

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

**APPLICATION OF APACHE CORPORATION
FOR COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.**


Case No. 14,985

AFFIDAVIT OF NOTICE

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

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

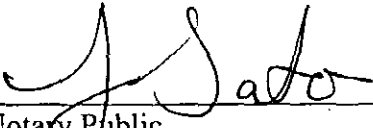
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Apache Corporation.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed 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 Form C-108 and Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.



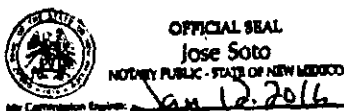
James Bruce

SUBSCRIBED AND SWORN TO before me this 24 day of May, 2013 by James Bruce.

My Commission Expires: Jan 12 2016



Notary Public



Oil Conservation Division
Case No. 14985
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)

jamesbruce@aol.com

April 24, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

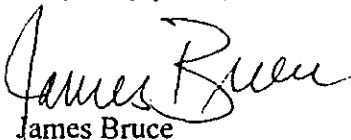
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Apache Corporation, regarding Lot 3 of Section 2, Township 20 South, Range 38 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 16, 2013, 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.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, May 9, 2013. 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 Apache Corporation

EXHIBIT

A

EXHIBIT A

Audrey M. Baker
c/o Michel E. Curry, Trustee
P.O. Box 1263
Midland, TX 79702

Sally Rogers
152b Arroyo Hondo Road
Santa Fe, New Mexico 87508

Max W. Coll III
7625-2 El Centro Blvd
Las Cruces, New Mexico 88012

Muirfield Resources Company
P.O. Box 3166
Tulsa, Oklahoma 74101-3166

Burlington Resources Oil & Gas Company, L.P.
c/o ConocoPhillips Company
Attn: Ashley Manning-Dyke
600 N. Dairy Ashford, 2WL-15060
Houston, Texas 77252-2197

Wells Fargo Bank, N.A., Trustee
Oil & Gas Distribution -- Armstrong
P.O. Box 40909
Austin, Texas 78704

Seven Ways Minerals, Ltd.
P.O. Box 6009
Midland, Texas 79704

William J. Meier
257 Rutherford
Shreveport, Louisiana 71104

A&P Family Limited Partnership
P.O. Box 1046
Eunice, New Mexico 88231

Pat Alston Ward
207 Porr Drive
Ruidoso, New Mexico 88355

Royalty Holding Company
Suite 720
3535 NW 58th
Oklahoma City, Oklahoma 73112

The Allar Company
P.O. Box 1567
Graham, Texas 76450

TLW Investments Inc.
Suite 2020
1001 Fannin
Houston, Texas 77002

The Salient Zarvona Energy
Suite 500
1010 Lamar
Houston, Texas 77002

Overton Energy Investment VI, LLC
Suite 1040
4265 San Felipe
Houston, Texas 77027

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:

Muirfield Resources Company
P.O. Box 3166
Tulsa, Oklahoma 74101-3166

2. Article Number
(Transfer from service label)

7012 3050 0001 7054 4441

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Linda P. [Signature]

C. Date of Delivery

5/3/12

D. Is delivery address different from item 1?

☐ Yes

If 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)

☐ YesU.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 77002

Postage

\$ 1.32

Certified Fee

\$3.18

Return Receipt Fee
(Endorsement Required)

\$2.55

Restricted Delivery Fee
(Endorsement Required)

\$0.00

Total Postage & Fees

\$ 6.97

Sent To

TLW Investments Inc.

Suite 2020

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

1001 Fannin

City, State, ZIP+4

Houston, Texas 77002

City, State, ZIP+4

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:

TLW Investments Inc.
Suite 2020
1001 Fannin
Houston, Texas 77002

2. Article Number

(Transfer from service label)

7012 3050 0001 7054 4533

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Linda P. [Signature]

C. Date of Delivery

5/3/12

D. Is delivery address different from item 1?

☐ Yes

If 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

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 J. Meier
257 Rutherford
Shreveport, Louisiana 71104

2. Article Number

(Transfer from service label)

7012 3050 0001 7054 4489

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If 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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

AUSTIN TX 78704

Postage \$ 1.32

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.97

Sent To

Wells Fargo Bank, N.A., Trustee
Oil & Gas Distribution - Armstrong

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

P.O. Box 40909
Austin, Texas 78704

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:

Wells Fargo Bank, N.A., Trustee
Oil & Gas Distribution - Armstrong
P.O. Box 40909
Austin, Texas 78704

2. Article Number

(Transfer from service label)

7012 3050 0001 7054 4465

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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? ☐ Yes
If 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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

SHREVEPORT LA 71104

Postage \$ 1.32

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.97

Sent To

William J. Meier

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

257 Rutherford

City, State, ZIP+4

Shreveport, Louisiana 71104

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:

Royalty Holding Company
Suite 720
3535 NW 58th
Oklahoma City, Oklahoma 73112

2. Article Number

(Transfer from service label)

7012 3050 0001 7054 4519

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Green Fox

C. Date of Delivery

4-29-13

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

If 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

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND TX 79704

Postage \$ 1.32

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.97

Sent To

Seven Ways Minerals, Ltd.

Street, Apt. No.,

P.O. Box 6009

or PO Box No.

Midland, Texas 79704

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OKLAHOMA CITY OK 73112

Postage \$ 1.32

Certified Fee \$3.10

Return Receipt Fee (Endorsement Required) \$2.55

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.97

Sent To

Royalty Holding Company

Street, Apt. No.,

Suite 720

or PO Box No.

3535 NW 58th

City, State, ZIP+4

Oklahoma City, Oklahoma 73112

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:

Seven Ways Minerals, Ltd.
P.O. Box 6009
Midland, Texas 79704

2. Article Number

(Transfer from service label)

7012 3050 0001 7054 4472

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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? ☐ Yes

If 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

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:

A&P Family Limited Partnership
P.O. Box 1046
Eunice, New Mexico 88231

2. Article Number

7012 3050 0001 7054 4496

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ 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

3. 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 Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

HOUSTON, TX 77252

Postage	\$ 1.32
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.97

Total Postage

Burlington Resources Oil & Gas Company, L.P.

Sent To c/o ConocoPhillips Company
Attn: Ashley Manning-Dyke
Street, Apt. 600 N. Dairy Ashford, 2WL-15060
or PO Box Houston, Texas 77252-2197
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:

Burlington Resources Oil & Gas Company, L.P.
c/o ConocoPhillips Company
Attn: Ashley Manning-Dyke
600 N. Dairy Ashford, 2WL-15060
Houston, Texas 77252-2197

2. Article Number

7012 3050 0001 7054 4458

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ 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

3. 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 Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

EUNICE NM 88231

Postage	\$ 1.32
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.97

Sent To A&P Family Limited Partnership
P.O. Box 1046
Street, Apt. No., or PO Box No. Eunice, New Mexico 88231
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:

Pat Alston Ward
207 Port Drive
Ruidoso, New Mexico 88355

2. Article Number

(Transfer from service label)

7012 3050 0001 7054 4502

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pat Alston Ward*☒ Agent☐ Addressee

B. Received by (Printed Name)

S. Ward

C. Date of Delivery

4-26-13

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)

☐ YesU.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

LAS CRUCES NM 88012

Postage	\$ 1.32
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.97

Sent To

Max W. Coll III

7625-2 El Centro Blvd

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

Las Cruces, New Mexico 88012

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

RUIDOSO NM 88355

Postage	\$ 1.32
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.97

Sent To

Pat Alston Ward

207 Port Drive

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

Ruidoso, New Mexico 88355

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:

Max W. Coll III
7625-2 El Centro Blvd
Las Cruces, New Mexico 88012

2. Article Number

(Transfer from service label)

7012 3050 0001 7054 4434

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Max Coll III*☐ Agent☒ Addressee

B. Received by (Printed Name)

Max Coll III

C. Date of Delivery

4-29-13

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

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.

Article Addressed to:

Audrey M. Baker
c/o Michel E. Curry, Trustee
P.O. Box 1263
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
[Signature]

B. Received by (Printed Name) *McCurry* C. Date of Delivery *4-30-13*

D. Is delivery address different from item 1? ☐ Yes
If 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

Article Number 7012 3050 0001 7054 4410
(Transfer from service label)

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

GRAHAM TX 76450 OFFICIAL USE

Postage	\$ 1.32	0500
Certified Fee	\$3.10	
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.97	

Sent To

The Allar Company

Street, Apt. No.,
or PO Box No. P.O. Box 1567
City, State, ZIP+4 Graham, Texas 76450

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

MIDLAND TX 79702 OFFICIAL USE

Postage	\$ 1.32	0500
Certified Fee	\$3.10	
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.97	

Sent To Audrey M. Baker
c/o Michel E. Curry, Trustee
Street, Apt. No.,
or PO Box No. P.O. Box 1263
City, State, ZIP+4 Midland, TX 79702

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:

The Allar Company
P.O. Box 1567
Graham, Texas 76450

2. Article Number
(Transfer from service label)

7012 3050 0001 7054 4526

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
[Signature]

B. Received by (Printed Name) *Melanie Barrett* C. Date of Delivery *4-26-13*

D. Is delivery address different from item 1? ☐ Yes
If 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

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.

Article Addressed to:

Sally Rogers
152b Arroyo Hondo Road
Santa Fe, New Mexico 87508

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
If 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

Article Number

7012 3050 0001 7054 4427

Transfer from service label

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 77002

Postage \$1.32
Certified Fee \$3.10
Return Receipt Fee (Endorsement Required) \$2.55
Restricted Delivery Fee (Endorsement Required) \$0.00
Total Postage & Fees \$6.97

Sent To The Salient Zarvona Energy
Suite 500
1010 Lamar
Houston, Texas 77002
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:

The Salient Zarvona Energy
Suite 500
1010 Lamar
Houston, Texas 77002

2. Article Number
(Transfer from service label)

7012 3050 0001 7054 4540

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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
If 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

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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

SANTA FE, NM 87508

Postage \$1.32
Certified Fee \$3.10
Return Receipt Fee (Endorsement Required) \$2.55
Restricted Delivery Fee (Endorsement Required) \$0.00
Total Postage & Fees \$6.97

Sent To Sally Rogers
152b Arroyo Hondo Road
Santa Fe, New Mexico 87508
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:

Overton Energy Investment VI, LLC
Suite 1040
4265 San Felipe
Houston, Texas 77027

2. Article Number

(Transfer from service label)

7012 3050 0001 7054 4557

COMPLETE THIS SECTION ON DELIVERY
A. Signature

X *Kathy Woods*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Kathy Woods

C. Date of Delivery

4/24/13

D. Is delivery address different from item 1?

☐ Yes

If 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

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 77027 OFFICIAL USE

Postage	\$ 1.32
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.97



Sent To Overton Energy Investment VI, LLC

Suite 1040

Street, Apt. No.: 4265 San Felipe

or PO Box No. Houston, Texas 77027

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 3050 0001 7054 4557

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

May 9, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

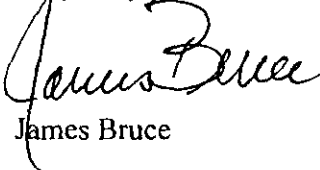
Libby Linn Underwood Morrish
1388 Midland Street
Brighton, Colorado 80601

Dear Ms. Morrish:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Apache Corporation, regarding Lot 3 of Section 2, Township 20 South, Range 38 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 30, 2013, 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.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, May 23, 2013. 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 Apache Corporation

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:

Libby Linn Underwood Morrish
1388 Midland Street
Brighton, Colorado 80601

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Libby Morrish* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

LIBBY MORRISH MAY 17 2004

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)

☐ Yes2. Article Number
(Transfer from serv

7012 0470 0001 5975 3429