

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

**APPLICATION OF CIMAREX ENERGY CO.
FOR A NON-STANDARD OIL SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
CHAVES COUNTY, NEW MEXICO.**

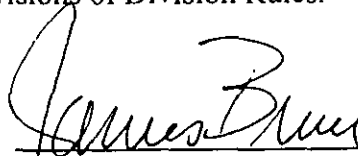
Case No. 14,966

AFFIDAVIT OF NOTICE

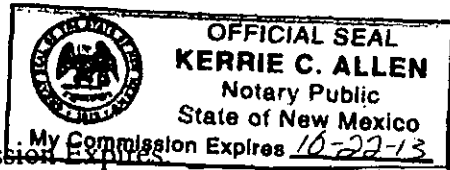
COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

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.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the applications filed herein.
4. Notice of the applications was provided to the operators or working 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.


James Bruce

SUBSCRIBED AND SWORN TO before me this 3rd day of April, 2013 by James Bruce.



My Commission Expires


Notary Public

Oil Conservation Commission
Case No. 8
Exhibit No. 8

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

February 28, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

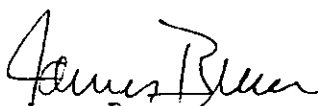
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the N½NE¼ of Section 8 and N½N½ of Section 9, Township 15 South, Range 31 East, N.M.P.M., Chaves County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, March 21, 2013, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the above well unit.** As an offset operator, 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 Thursday, March 14, 2013 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

EXHIBIT A

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

Legacy Reserves Operating, LP
P.O. Box 10848
Midland, Texas 79702

Chevron USA, Inc.
Land Department
1400 Smith Street
Houston, Texas 77002

7008 1140 0003 5880 9312

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com.

OFFICIAL USE

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

Sent To: Legacy Reserves Operating, LP
 P.O. Box 10848
 Midland, Texas 79702

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:

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

2. Article Number
 (Transfer from service label)

7008 1140 0003 5880 9312

PS Form 3811, February 2004

Domestic Return Receipt

Cx I 8-1

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Michael Barton* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Michael Barton* C. Date of Delivery *3/5/13*

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 THIS SECTION ON DELIVERY

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 *Evan C. Galloway* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Evan C. Galloway* 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
 (Transfer from service label)

7008 1140 0003 5880 9329

PS Form 3811, February 2004

Domestic Return Receipt

Cx I 8-1

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.

OFFICIAL USE

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

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

7008 1140 0003 5880 9312

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p><i>Chevron USA, Inc. Land Department 1400 Smith Street Houston, Texas 77002</i></p>		<p>B. Received by (Printed Name) <i>PAR</i> Date of Delivery <i>6-20-13</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number</p> <p>(Transfer from service) <i>7008 1140 0003 5880 9336</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt *Cx I 8-1* 102595-02-M-1540

7008 1140 0003 5880 9336

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

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

OFFICIAL USE

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

Sent To *Chevron USA, Inc.
Land Department
1400 Smith Street
Houston, Texas 77002*

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions