

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

October 10, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

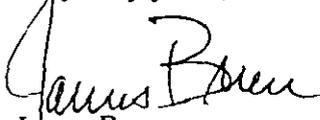
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and a non-standard unit, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding two wells in the S½S½ of Section 14, Township 17 South, Range 32 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 31, 2013, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend the hearing, but as an owner of an interest that may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record 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, October 24, 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 Devon Energy Production Company, L.P.

EXHIBIT A

EXHIBIT A

Halcon Resources
5100 E. Skelly Drive, Suite 650
Tulsa, OK 74135

Range Operating New Mexico, Inc.
281 N. Highway 248
Eunice, New Mexico 88231

Deborah Masters Andrews
c/o Baish Limited Partnerships
3020 Fishing Creek Valley Road
Harrisburg, PA 17112

Benefit of William Wilson Masters
c/o Baish Limited Partnerships
3020 Fishing Creek Valley Road
Harrisburg, PA 17112

Benefit of Christian Martin Masters
c/o Baish Limited Partnerships
3020 Fishing Creek Valley Road
Harrisburg, PA 17112

Baish Limited Partnerships
3020 Fishing Creek Valley Road
Harrisburg, PA 17112

Asa Grayson Ashworth
c/o John P. Ashworth, Attorney in Fact
1577 Yankee Lane
Hornell, NY 14843

Braille Institute of America, Inc.
741 N. Vermont Avenue
Los Angeles, CA 90029

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:

2. Article Number
(Transfer from service label) **7012 3050 0000 6871 5663**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *10/15/13*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	\$0.46
Certified Fee	\$	\$3.10
Return Receipt Fee (Endorsement Required)	\$	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$6.11

Sent To: Benefit of William Wilson Masters
c/o Baish Limited Partnerships
3020 Fishing Creek Valley Road
Harrisburg, PA 17111

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$	\$0.46
Certified Fee	\$	\$3.10
Return Receipt Fee (Endorsement Required)	\$	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$6.11

Sent To: Malcon Resources
5100 E. Skelly Drive, Suite 550
Tulsa, OK 74135

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:

Benefit of William Wilson Masters
c/o Baish Limited Partnerships
3020 Fishing Creek Valley Road
Harrisburg, PA 17112

2. Article Number
(Transfer from service label) **7012 3050 0000 6871 5694**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *10/16/13*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0000 6871 5687

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EUNICE NM 88231 OFFICIAL USE

Postage	\$	\$0.46
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.11



Sent To: Range Operating New Mexico, Inc.
 281 N. Highway 248
 Eunice, New Mexico 88231
 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:

Deborah Masters Andrews
 c/o Balsh Limited Partnerships
 3020 Fishing Creek Valley Road
 Harrisburg, PA 17112

2. Article Number
 (Transfer from service label)

7012 3050 0000 6871 5687

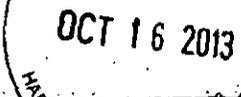
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 DEBORAH MASTERS ANDREWS 10/16/13

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:

Range Operating New Mexico, Inc.
 281 N. Highway 248
 Eunice, New Mexico 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

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

2. Article Number
 (Transfer from service label)

7012 3050 0000 6871 5670

PS Form 3811, February 2004

Domestic Return Receipt D-14 102595-02-M-1540

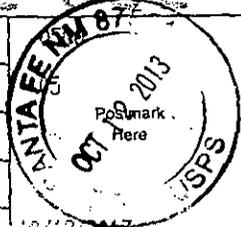
7012 3050 0000 6871 5687

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HARRISBURG PA 17112 OFFICIAL USE

Postage	\$	\$0.46
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.11



Sent To: Deborah Masters Andrews
 c/o Balsh Limited Partnerships
 3020 Fishing Creek Valley Road
 Harrisburg, PA 17112
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0000 6871 5724

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OFFICIAL USE

Postage	\$	\$0.46
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.11

SANTA FE NM 87501
 05 Postmark
 OCT 12 2013
 10/12/2013

Sent To: Asa Grayson Ashworth
 c/o John P. Ashworth, Attorney in Fact
 1577 Yankee Lane
 Hornell, NY 14843

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:
 Baish Limited Partnerships
 3020 Fishing Creek Valley Road
 Harrisburg, PA 17112

2. Article Number: 7012 3050 0000 6871 5717
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: 10/16/13

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

PS Form 3811, February 2004 Domestic Return Receipt D-14 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:
 Asa Grayson Ashworth
 c/o John P. Ashworth, Attorney in Fact
 1577 Yankee Lane
 Hornell, NY 14843

2. Article Number: 7012 3050 0000 6871 5724
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: 10-19-13

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

PS Form 3811, February 2004 Domestic Return Receipt D-14 102595-02-M-1540

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OFFICIAL USE

Postage	\$	\$0.46
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.11

SANTA FE NM 87501
 05 Postmark
 OCT 12 2013
 10/12/2013

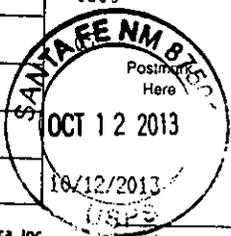
Sent To: Baish Limited Partnerships
 3020 Fishing Creek Valley Road
 Harrisburg, PA 17112

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0000 6871 5717

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 <i>[Signature]</i> 10/15/13 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Carlos Babo</i> C. Date of Delivery 10/15/13</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>	
1. Article Addressed to:		<p>Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Braille Institute of America, Inc. 741 N. Vermont Avenue Los Angeles, CA 90029			
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7012 3050 0000 6871 5731			
PS Form 3811, February 2004		Domestic Return Receipt <i>D-14</i> 102595-02-M-1540	

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>			
For delivery information visit our website at www.usps.com			
HARRISBURG, PA 17112			
Postage	\$	\$0.46	
Certified Fee		\$3.10	
Return Receipt Fee (Endorsement Required)		\$2.55	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.11	
Sent To		Benefit of Christian Martin Masters c/o Baish Limited Partnerships 3020 Fishing Creek Valley Road Harrisburg, PA 17112	
Street, Apt. No., or PO Box No.			
City, State, ZIP+4			
PS Form 3800, August 2006		See Reverse for Instructions	

U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>			
For delivery information visit our website at www.usps.com			
LOS ANGELES, CA 90029			
Postage	\$	\$0.46	
Certified Fee		\$3.10	
Return Receipt Fee (Endorsement Required)		\$2.55	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.11	
Sent To		Braille Institute of America, Inc. 741 N. Vermont Avenue Los Angeles, CA 90029	
Street, Apt. No., or PO Box No.			
City, State, ZIP+4			
PS Form 3800, August 2006		See Reverse for Instructions	

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1. Article Addressed to:		<p>Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Benefit of Christian Martin Masters c/o Baish Limited Partnerships 3020 Fishing Creek Valley Road Harrisburg, PA 17112			
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7012 3050 0000 6871 5700			
PS Form 3811, February 2004		Domestic Return Receipt <i>D-14</i> 102595-02-M-1540	

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

November 14, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Asa G. Ashworth
1577 Yankee Lane
Hornell, New York 14843

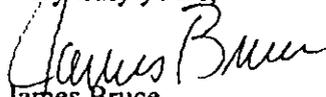
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and a non-standard unit, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding a well in the S½S½ of Section 14, Township 17 South, Range 32 East, N.M.P.M., Lea County, New Mexico (BAE 14 Fed. Com. Well No. 8H).

This matter is scheduled for hearing at 8:15 a.m. on Thursday, December 5, 2013, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend the hearing, but as an owner of an interest that may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record 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 Wednesday, November 27, 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 Devon Energy Production Company, L.P.

7012 3050 0000 6871 6158

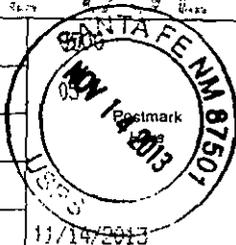
U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

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

HORNELL, NY 14843

Postage	\$	\$0.66
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.31



Sent To: Asa G. Ashworth
 1577 Yankee Lane
 Street, Apt. No., or PO Box No. Hornell, New York 14843
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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<p>1. Article Addressed to:</p> <p>Asa G. Ashworth 1577 Yankee Lane Hornell, New York 14843</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>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service lab)</p> <p>7012 3050 0000 6871 6158</p>	