

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY, L.P. FOR A NON-STANDARD OIL SPACING
AND PRORATION UNIT, AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

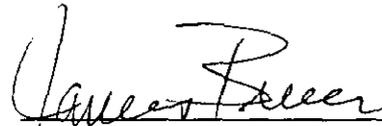
Case No. 15,061

AFFIDAVIT OF NOTICE

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

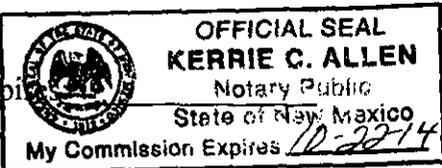
James Bruce, being duly sworn upon his oath, deposes and states:

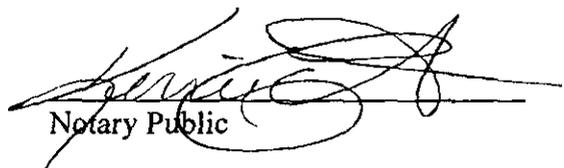
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Devon Energy Production Company, L.P.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known 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 Rules NMAC 19.15.4.9 and 19.15.4.12.C.



James Bruce

SUBSCRIBED AND SWORN TO before me this 4th day of December, 2013 by James Bruce.

My Commission Expires 



Notary Public

Oil Conservation Division
Case No. 3B
Exhibit No. 3B

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

October 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 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, November 14, 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, November 7, 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

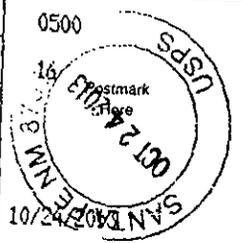
7012 3050 0000 6871 6080

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

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

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

2. Article Number:
 (Transfer from service label) 7012 3050 0000 6871 6080

PS Form 3811, February 2004 Domestic Return Receipt 07 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee
 B. Received by (Printed Name): [Signature] C. Date of Delivery: 10/28/13

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

2. Article Number:
 (Transfer from service label) 7012 3050 0000 6871 6011

PS Form 3811, February 2004 Domestic Return Receipt 07 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee
 B. Received by (Printed Name): ANJELIY FERRERA C. Date of Delivery: 10/28/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 OCT 28 2013

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

TULSA OK 74135 OFFICIAL USE

Postage	\$ 0.46	0500
Certified Fee	\$3.10	16 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	10/24/2013

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

PS Form 3800, August 2006 See Reverse for Instructions

7012 3050 0000 6871 6080

2409 7289 0000 0506 2702

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

HARRISBURG, PA 17112 **INTERNAL USE**

Postage	\$ 0.46	0500 16 Postmark Here
Certified Fee	\$3.10	
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.11	10/24/2013

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

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

2. Article Number (Transfer from service label) 7012 3050 0000 6871 6066

PS Form 3811, February 2004 Domestic Return Receipt 27 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 10-28-13

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.

1. Article Addressed to:
 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) 7012 3050 0000 6871 6042

PS Form 3811, February 2004 Domestic Return Receipt D 7 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 10-28

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

2702 0506 0000 6871 6066

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

HARRISBURG, PA 17112 **INTERNAL USE**

Postage	\$ 0.46	0500 16 Postmark Here
Certified Fee	\$3.10	
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.11	10/24/2013

Sent To: Deborah Masters Andrews
 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
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE
 HARRISBURG PA 17112

Postage	\$ 40.46	0500
Certified Fee	\$3.10	16 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 46.11	10/24/2013

Sent To: 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

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

2. Article Number

(Transfer from service label)

7012 3050 0000 6871 6059

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 10/22

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 10/23

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 6035

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

OFFICIAL USE
 HARRISBURG PA 17112

Postage	\$ 40.46	0500
Certified Fee	\$3.10	16 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 46.11	10/24/2013

Sent To: Benefit of William Wilson 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

7012 3050 0000 6871 6228

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE
 HORNELLY NY 14843

Postage	\$ 0.46	0500
Certified Fee	\$3.10	16 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	10/24/2013

Sent To: Asa Grayson Ashworth
 c/o John P. Ashworth, Attorney in Fact
 Street, Apt. No., or PO Box No.: 1577 Yankee Lane
 City, State, ZIP+4: 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:
 Range Operating New Mexico, Inc.
 281 N. Highway 248
 Eunice, New Mexico 88231

2. Article Number: 7012 3050 0000 6871 6073
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt D 7 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Volontad Cline* Agent Addressee

B. Received by (Printed Name): *Volontad Cline* 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:
 Asa Grayson Ashworth
 c/o John P. Ashworth, Attorney in Fact
 1577 Yankee Lane
 Hornell, NY 14843

2. Article Number: 7012 3050 0000 6871 6028
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt D 7 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

OFFICIAL USE
 EUNICE NM 88231

Postage	\$ 0.46	0500
Certified Fee	\$3.10	16 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	10/24/2013

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

PS Form 3800, August 2006 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

November 14, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

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

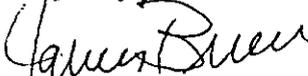
Ladies and gentlemen:

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. 7H).

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,

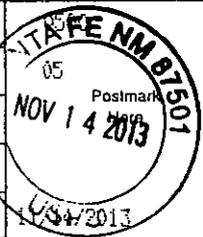

James Bruce

Attorney for Devon Energy Production Company, L.P.

7012 3050 0000 6871 6165

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

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: **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
<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 <input checked="" type="checkbox"/> <i>Keshlee Eibels</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 11/22/13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Asa G. Ashworth 1577 Yankee Lane Hornell, New York 14843</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7012 3050 0000 6871 6165