

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,
EDDY COUNTY, NEW MEXICO.

Case No. 15,086

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 19th day of March, 2014 by James Bruce.

My Commission Expires 



Notary Public

Oil Conservation Division
Case No. 58-1
Exhibit No. 58-1

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

January 30, 2014

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 the W½E½ of Section 14, Township 21 South, Range 27 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, February 20, 2014, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the 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, February 13, 2014. 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

TRUSTEES OF E.G. HOLDEN TESTAMENTARY TRUST
8758 CHALK HILL ROAD
HEALDSBURG, CA 95448

ISAAC A. KAWASAKI
734 Kalaupuu Street
HONOLULU, HI 96825

BETSY H. KELLER
8758 CHALK HILL ROAD
HEALDSBURG, CA 95448

FRANCES B. BUNN, TRUSTEE OF FRANCES B. BUNN
REVOCABLE LIVING TRUST U/T/A 5/18/82
2493 MAXIKI HEIGHTS DR
HONOLULU, HI 96827
808-538-3775

J. W. GENDRON
2989 EUCALYPTUS HILLS
SANTA BARBARA, CA 93108

J. FREDRICK VAN VRANKEN
P O BOX 264
JERICHO, NY 11753
516-681-4077

ENERVEST ENERGY INSTITUTIONAL FUND XI-A, L.P.
1070 Andrews Highway Suite 8
Midland, TX 79701

ENERVEST ENERGY INSTITUTIONAL FUND XI-W, L.P.
1070 Andrews Highway Suite 8
Midland, TX 79701

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:

ISAAC A. KAWASAKI
714 Eastonville Street
Honolulu, HI 96815

2. Article Number:
(Transfer from service label) **7008 1140 0003 5880 2030**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *James M. Nantz (sp)* Agent Addressee

B. Received by (Printed Name) **JAMES M. NANTZ** C. Date of Delivery **2-8-14**

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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HONOLULU HI 96815 **OFFICIAL USE**

Postage	\$ 19.70	0500
Certified Fee	\$ 3.30	03
Return Receipt Fee (Endorsement Required)	\$ 3.70	1-2014
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 26.70	02/01/2014

Sent To
ENERVEST ENERGY INSTITUTIONAL FUND XI-WI, L.P.
1020 Andrews Highway Suite B
Madland, TX 79701
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 2429 1638

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HONOLULU HI 96815 **OFFICIAL USE**

Postage	\$ 10.70	0500
Certified Fee	\$ 3.30	03
Return Receipt Fee (Endorsement Required)	\$ 2.70	Postmark Here 2014
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 16.70	02/01/2014

Sent To
ISAAC A. KAWASAKI
714 Eastonville Street
Honolulu, HI 96815
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:

ENERVEST ENERGY INSTITUTIONAL FUND XI-WI, L.P.
1020 Andrews Highway Suite B
Madland, TX 79701

2. Article Number:
(Transfer from service label) **7008 3230 0000 2429 1638**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kynthia Morales Agent Addressee

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

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:

ENERVEST ENERGY INSTITUTIONAL FUND XI-A.L.P.
1020 Andrews Highway Suite B
Midland, TX 79701

2. Article Number
(Transfer from service label)

7008 1140 0003 5880 2108

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Cynthia Morales 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

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Postage	\$ 0.70
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.70

0500 N POST OFFICE
 FEB 1 - 2014
 Postmark Here
 02/01/2014

Sent To
 I. FREDRICK VAN VRANKEN
 Street, Apt. No., or PO Box No. P O BOX 164
 City, State, ZIP+4 KENNY, NY 11753
 516-681-4077

7008 1140 0003 5880 2078

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Postage	\$ 0.70
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.70

0500
 FEB 1 - 2014
 Postmark Here
 02/01/2014

Sent To
 ENERVEST ENERGY INSTITUTIONAL FUND XI-A.L.P.
 1020 Andrews Highway Suite B
 Midland, TX 79701

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:

I. FREDRICK VAN VRANKEN
 P O BOX 164
 KENNY, NY 11753
 516-681-4077

2. Article Number
(Transfer from service label)

7008 1140 0003 5880 2078

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Fredrick Van Vranken Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 FREDRICK VAN VRANKEN 2-4-14

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

7008 1140 0003 5880 2108

7008 1140 0003 5880 2023

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HEALDSBURG, CA 95448

Postage	\$	\$0.70
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.70

Postmark Here FEB 1 2014

02/01/2014

Sent To: TRUSTEES OF E.G. HOLDEN TESTAMENTARY TRUST
 8758 CHALK HILL ROAD
 HEALDSBURG, CA 95448

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:

BETSY H. KELLER
 8758 CHALK HILL ROAD
 HEALDSBURG, CA 95448

2. Article Number (Transfer from service label): 7008 1140 0003 5880 2047

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *R.M.* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: 2-26-14

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:

TRUSTEES OF E.G. HOLDEN TESTAMENTARY TRUST
 8758 CHALK HILL ROAD
 HEALDSBURG, CA 95448

2. Article Number (Transfer from service label): 7008 1140 0003 5880 2023

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *R.M.* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: 2-26

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

7008 1140 0003 5880 2047

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HEALDSBURG, CA 95448

Postage	\$	\$0.70
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.70

Postmark Here FEB 1 - 2014

Sent To: BETSY H. KELLER
 8758 CHALK HILL ROAD
 HEALDSBURG, CA 95448

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

PS Form 3800, August 2006 See Reverse for Instructions

7002 8000 04TT 5880 0895 2502

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Postage	\$ 0.70
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.70

0500
FEB 1 - 2014
 Postmark Here
 02/01/2014

Sent To: **FRANCES B. BUNN, TRUSTEE OF FRANCES B. BUNN
 REVOCABLE LIVING TRUST U/T/A 5/18/82
 2493 MAKIKI HEIGHTS DR
 HONOLULU, HI 96822
 808-538-3775**

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:

**FRANCES B. BUNN, TRUSTEE OF FRANCES B. BUNN
 REVOCABLE LIVING TRUST U/T/A 5/18/82
 2493 MAKIKI HEIGHTS DR
 HONOLULU, HI 96822
 808-538-3775**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *2/25/14*

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: **7002 1140 0003 5880 2054**
 (Transfer from service)

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Tracking Number: 70081140000358802061

Expected Delivery Day: Tuesday, February 4, 2014

Product & Tracking Information

Postal Product:
First-Class Mail®

Features:
Certified Mail™

Return Receipt

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
February 4, 2014, 2:41 pm	Notice Left (No Authorized Recipient Available)	SANTA BARBARA, CA 93108
February 4, 2014, 10:05 am	Out for Delivery	SANTA BARBARA, CA 93103
February 4, 2014, 9:55 am	Sorting Complete	SANTA BARBARA, CA 93103
February 4, 2014, 7:54 am	Arrival at Unit	SANTA BARBARA, CA 93103
February 4, 2014	Depart USPS Sort Facility	GOLETA, CA 93199
February 4, 2014, 5:23 am	Processed through USPS Sort Facility	GOLETA, CA 93199
February 2, 2014	Depart USPS Sort Facility	ALBUQUERQUE, NM 87101
February 1, 2014, 8:40 pm	Processed at USPS Origin Sort Facility	ALBUQUERQUE, NM 87101
February 1, 2014, 4:19 pm	Dispatched to Sort Facility	SANTA FE, NM 87501
February 1, 2014, 10:43 am	Acceptance	SANTA FE, NM 87501

Available Actions

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What's your tracking (or receipt) number?

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SANTA BARBARA, CA 93103

Postage	\$ 0.70
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.70

02/01/2014

Postmark Here FEB 1 - 20

Sent To
 I. W. GENDRON
 2989 EUCALYPTUS HILLS
 SANTA BARBARA, CA 93108
 City, State, ZIP+4

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

February 13, 2014

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Robert P. Gendron, Trustee of the
Gendron Family Revocable Trust
J.W. Gendron
c/o Jeffrey C. DeFrancisco
CMDB Attorneys at Law
Suite 350
131 North El Molino Avenue
Pasadena, CA 91101

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 the W½E½ of Section 14, Township 21 South, Range 27 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, March 6, 2014, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the 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, February 27, 2014. 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.

7008 3230 0000 2437 4607

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OFFICIAL USE

Postage	\$ 0.70	0500
Certified Fee	\$3.30	03
Return Receipt Fee (Endorsement Required)	\$2.70	Postmark Here
Restricted Delivery Fee (Endorsement Req.)	\$0.00	
Total Postage & Fees	\$6.70	02/13/2014

Sent To: Robert P. Gendron, Trustee of the Gendron Family Revocable Trust
 J.W. Gendron
 c/o Jeffrey C. DeFrancisco
 CMDB Attorneys at Law
 Suite 350
 131 North El Molino Avenue
 Pasadena, CA 91101

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:

Robert P. Gendron, Trustee of the
 Gendron Family Revocable Trust
 J.W. Gendron
 c/o Jeffrey C. DeFrancisco
 CMDB Attorneys at Law
 Suite 350
 131 North El Molino Avenue
 Pasadena, CA 91101

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Sarah Waldrip* Agent Addressee

B. Received by (Printed Name): *Sarah Waldrip* C. Date of Delivery: *2-18-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: *FEB 18 2014*

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: **7008 3230 0000 2437 4607**
 (Transfer from service tag)

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 27, 2014

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

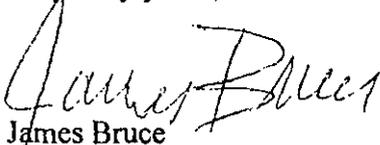
Ladies and gentlemen:

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 the W½E½ of Section 14, Township 21 South, Range 27 East, N.M.P.M., Eddy County, New Mexico.

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Very truly yours,


James Bruce

Attorney for Devon Energy Production Company, L.P.

EXHIBIT A

Jalapeno Corporation
P O Box 1608
Albuquerque, NM 87103-1608

Shauna Seltzer Redwine Trust and
Charles W. Seltzer Trust, dated January 27, 2006
1006 West Pecan
Midland, TX 79705

Nelda Lee Davis
4703 Boulder Drive
Midland, TX 79707

7008 3230 0000 2437 4676

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

Postage	\$ 0.70	FEB 26 2014 Postmark Here 02/26/2014 POST OFFICE
Certified Fee	\$ 3.30	
Return Receipt Fee (Endorsement Required)	\$ 2.70	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.70	

Sent To: Shauna Seltzer Redwine Trust and Charles W. Seltzer Trust, dated January 27, 2006
 1006 West Pecan
 Street, Apt. No., or PO Box No. Midland, TX 79705
 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:
 Jalapeno Corporation
 P O Box 1608
 Albuquerque, NM 87103-1608

2. Article Number:
 (Transfer from service label) 7008 3230 0000 2437 4683

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Jun Barrack* Agent Addressee

B. Received by (Printed Name): Jun Barrack C. Date of Delivery: 3/4/14

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

3. Service type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

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:
 Shauna Seltzer Redwine Trust and Charles W. Seltzer Trust, dated January 27, 2006
 1006 West Pecan
 Midland, TX 79705

2. Article Number:
 (Transfer from service label) 7008 3230 0000 2437 4676

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Seltzer C. Date of Delivery: 3-1-14

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

3. Service type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

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

Postage	\$ 0.70	ALBUQUERQUE NM 87103 FEB 26 2014 Postmark Here 02/26/2014 POST OFFICE
Certified Fee	\$ 3.30	
Return Receipt Fee (Endorsement Required)	\$ 2.70	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.70	

Sent To: Jalapeno Corporation
 P O Box 1608
 Street, Apt. No., or PO Box No. Albuquerque, NM 87103-1608
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

English

Customer Service

USPS Mobile

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Search USPS.com or Track Packages

Quick Tools

Track

Enter up to 10 Tracking #Find

Find USPS Locations

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Schedule a Pickup

Calculate Postage

Look Up Postage

Hold Mail

Change of Address

Ship a Package

Send Mail

Manage Your Mail

Shop

Business Solutions

USPS Tracking™



Customer Service

Have questions? We're here to help.

Tracking Number: 7008323000024374669

Expected Delivery Day: Saturday, March 1, 2014

Your item was returned to the sender on March 15, 2014 at 11:24 am in MIDLAND, TX 79705 because it was not claimed by the addressee.

Product & Tracking Information

Available Actions

Postal Product:
First-Class Mail®

Features:
Certified Mail™

Return Receipt

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
March 15, 2014, 11:24 am	Unclaimed	MIDLAND, TX 79705
March 10, 2014, 12:00 pm	Notice Left (No Authorized Recipient Available)	MIDLAND, TX 79707
February 28, 2014, 12:42 pm	Notice Left (No Authorized Recipient Available)	MIDLAND, TX 79707
February 28, 2014	Depart USPS Sort Facility	MIDLAND, TX 79711
February 28, 2014, 3:08 am	Processed through USPS Sort Facility	MIDLAND, TX 79711
February 27, 2014	Depart USPS Sort Facility	LUBBOCK, TX 79402
February 27, 2014, 9:09 pm	Processed through USPS Sort Facility	LUBBOCK, TX 79402
February 27, 2014	Depart USPS Sort Facility	ALBUQUERQUE, NM 87101
February 26, 2014, 10:16 pm	Processed at USPS Origin Sort Facility	ALBUQUERQUE, NM 87101
February 26, 2014, 4:15 pm	Dispatched to Sort Facility	SANTA FE, NM 87501
February 26, 2014, 11:04 am	Acceptance	SANTA FE, NM 87501

Track Another Package

What's your tracking (or receipt) number?

Track It

7008 3230 0000 2437 4669

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 79707 OFFICIAL USE

Postage	\$ 46.70
Certified Fee	\$ 3.30
Return Receipt Fee (Endorsement Required)	\$ 2.70
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 52.70

SANTA FE, NM 87501
05
2014
02/26/2014

Sent To: Nelda Lee Davis
4703 Boulder Drive
Midland, TX 79707

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

PS Form 3800, August 2006 See Reverse for Instructions