

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

September 25, 2014

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mobil Producing Texas & New Mexico Inc.
c/o XTO Energy Inc.
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810 Houston Street
Fort Worth, Texas 76102

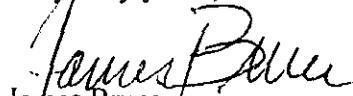
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co. of Colorado, regarding a well in the N½ of Section 7, 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, October 16, 2014, in Porter Hall 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, October 9, 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 Cimarex Energy Co. of Colorado

EXHIBIT **A**

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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 c/o XTO Energy Inc.
 Suite 2000
 Street, Apt. No.: 810 Houston Street
 or PO Box No.: Fort Worth, Texas 76102
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PS Form 3800, August 2006 See Reverse for Instructions

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<p>1. Article Addressed to:</p> <p>Mobil Producing Texas & New Mexico Inc. c/o XTO Energy Inc. Suite 2000 810 Houston Street Fort Worth, Texas 76102</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>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7013 3020 0000 4636 9848</p> <p>PS Form 3811, July 2013 Domestic Return Receipt <i>Com X - Gelfan</i></p>