

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

**APPLICATION OF APACHE CORPORATION
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

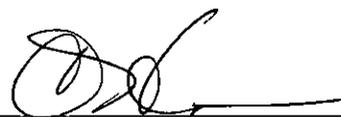
CASE NO. 15242

AFFIDAVIT OF NOTICE

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

Candace H. Callahan, being duly sworn upon her oath, deposes and states:

1. I am over the age or 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Apache Corporation.
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 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 NMAC 19.15.4.9 and 19.15.4.12.C.

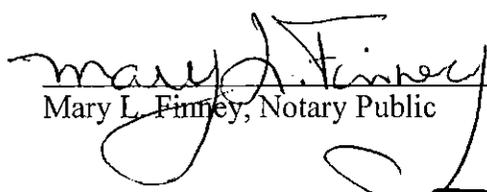


Candace H. Callahan

SUBSCRIBED AND SWORN TO before me this 17th day of December, 2014,
by Candace H. Callahan.

My Commission Expires 9/12/2017

OFFICIAL SEAL
Mary L. Finney
NOTARY PUBLIC
STATE OF NEW MEXICO



Mary L. Finney, Notary Public

EXHIBIT
2
Apache
12/18/14

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Postage	\$ 48
Certified Fee	5.30
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.78

11/18/2014

Postmark Here

Sent To
Street, Apt. or PO Box
City, State

Mark B. Heinen, and spouse if married
1221 S. Main Street, Suite 206
Boerne, TX 78006

PS Form

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"/> Mark B Heinen <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery Mark B Heinen</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>Mark B. Heinen, and spouse if married 1221 S. Main Street, Suite 206 Boerne, TX 78006</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7012 0470 0002 0195 8475</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.78

11/18/2014

Postmark
Here

Sent To
 Street, Apt. N
 or PO Box N
 City, State, Zi

Mark Tisdale & Betty Nugent
 6 Desta Drive, Suite 6500
 Midland, TX 79705

PS Form 3800, August 2005 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Kim Buel</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Kim Buel</i></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> <div style="border: 1px dashed black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Mark Tisdale & Betty Nugent 6 Desta Drive, Suite 6500 Midland, TX 79705</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-family: monospace; font-size: 1.2em;">7012 0470 0002 0195 8451</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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Postage	\$.48	11/18/2014 Postmark Here
Certified Fee	5.30	
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.78	

Sent To
 Street, Apt or PO Box
 City, State

John Kennedy, and spouse if married
 6 Desta Drive, Suite 3000
 Midland, TX 79705

PS Form

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. 	A. Signature <input checked="" type="checkbox"/> Kim Braly <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) Kim Braly C. Date of Delivery
John Kennedy, and spouse if married 6 Desta Drive, Suite 3000 Midland, TX 79705	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input 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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt 102595-02-M-1540

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