



**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
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[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

April 23, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

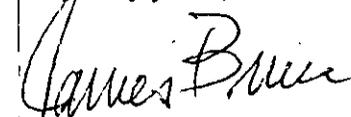
Ladies and gentlemen:

Enclosed is a copy of an application for special pool rules, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding the West Jennings-Bone Spring Pool in Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 14, 2015, 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, May 7, 2015. 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.

Attachment

A

EXHIBIT A

BOPCO, L.P.  
Suite 2900  
201 Main Street  
Fort Worth, Texas 76102

V-F Petroleum, Inc.  
P.O. Box 1889  
Midland, Texas 79702

Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

EOG Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706

Mewbourne Oil Company  
Suite 1020  
500 West Texas  
Midland, Texas 79701

Chevron U.S.A. Inc.  
15 Smith Road  
Midland, Texas 79705

**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:

**Chevron U.S.A. Inc.**  
**15 Smith Road**  
**Midland, Texas 79705**

2. Article Number (Transfer from service label) **7013 3020 0000 4637 6594**

PS Form 3811, July 2013

**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  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$0.49	
Certified Fee	\$3.30	
Return Receipt Fee (Endorsement Required)	\$2.70	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$6.49</b>	

Sent To: **Mewbourne Oil Company**  
**Suite 1020**  
**500 West Texas**  
**Midland, Texas 79701**

Street, Apt. No., or PO Box No. **04/23/2015**  
 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:

**Mewbourne Oil Company**  
**Suite 1020**  
**500 West Texas**  
**Midland, Texas 79701**

2. Article Number (Transfer from service label) **7013 3020 0000 4637 6594**

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
**F. Mitchell**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt **D PR**

**U.S. Postal Service™**  
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Postage	\$0.49	
Certified Fee	\$3.30	
Return Receipt Fee (Endorsement Required)	\$2.70	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$6.49</b>	

Sent To: **Chevron U.S.A. Inc.**  
**15 Smith Road**  
**Midland, Texas 79705**

Street, Apt. No., or PO Box No. **04/23/2015**  
 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:

EOG Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706

2. Article Number (Transfer from service label) **7013 3020 0000 4637 6556**

PS Form 3811, July 2013 Domestic Return Receipt **D PR**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X J. Berry**

B. Received by (Printed Name) **J. Berry** C. Date of Delivery **4-23-15**

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

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7013 3020 0000 4637 6556 ET02

Postage \$0.49  
Certified Fee \$3.30  
Return Receipt Fee (Endorsement Required) \$2.70  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.49

0500  
APR 23 2015

Sent to: Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

Sent Apr 23, 2015  
on 14:03:10  
City, State, ZIP+4

PS Form 3809, 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](http://www.usps.com)

7013 3020 0000 4637 6556

Postage \$0.49  
Certified Fee \$3.30  
Return Receipt Fee (Endorsement Required) \$2.70  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.49

SANTARFE POST OFFICE  
APR 23 2015

Sent To: EOG Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706

PS Form 3809, 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:

Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

2. Article Number (Transfer from service label) **7013 3020 0000 4637 6556**

PS Form 3811, July 2013 Domestic Return Receipt **D PR**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X [Signature]**

B. Received by (Printed Name) **STERN, JAY** C. Date of Delivery **4/23/15**

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Andreea Aludret</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Andreea Aludret</i></p> <p>C. Date of Delivery  <i>28-15</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> <p>V-F Petroleum, Inc.  P.O. Box 1889  Midland, Texas 79702</p>		<p>3. Service Type</p> <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>2. Article Number  (Transfer from service label)</p> <p>7013 3020 0000 4637 6570</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt <i>D PR</i></p>			

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	\$0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.49
<p>Postmark Here: 0500 05  28-15-2015  POST OFFICE</p>	
<p>Sent To: BOPCO, L.P., Suite 2900  201 Main Street  Fort Worth, Texas 76102</p>	
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	
Postage	\$0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.49
<p>Postmark Here: 0500 05  87501-9998</p>	
<p>Sent To: V-F Petroleum, Inc. 04/23/2015  P.O. Box 1889  Midland, Texas 79702</p>	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Joan Anderson</i></p> <p>C. Date of Delivery  <i>4-27-15</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> <p>BOPCO, L.P.  Suite 2900  201 Main Street  Fort Worth, Texas 76102</p>		<p>3. Service Type</p> <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>2. Article Number  (Transfer from service label)</p> <p>7013 3020 0000 4637 6587</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt <i>D PR</i></p>			