

**BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION**

**APPLICATION OF CHI ENERGY, INC.  
FOR COMPULSORY POOLING, EDDY  
COUNTY, NEW MEXICO.**

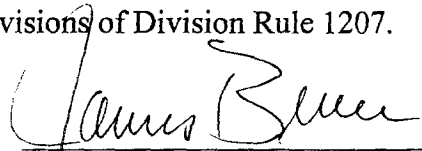
**Case No. 13,565**

**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 Chi Energy, Inc., and have personal knowledge of the matters stated herein.
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 proper interest owner, at its correct address, by certified mail. Copies of the notice letter and certified return receipt are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 30th day of September, 2005 by James Bruce.

  
Notary Public

My Commission Expires:  
3/14/09

**OIL CONSERVATION DIVISION**

**CASE NUMBER**

**EXHIBIT NUMBER**

**5**

**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](mailto:jamesbruc@aol.com)

September 14, 2005

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Chi Energy, Inc., regarding the E½ of Section 7, Township 19 South, Range 26 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 6, 2005, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Friday, September 30, 2005 if you intend to participate at the hearing.

Very truly yours,

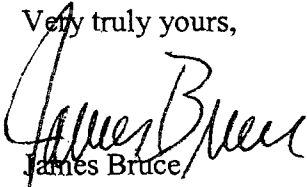
  
James Bruce,  
Attorney for Chi Energy, Inc.

EXHIBIT A

Abo Petroleum Corporation  
MYCO Industries, Inc.  
Yates Drilling Company  
Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

Sharbro Oil, Ltd. Co.  
105 South Fourth Street  
Artesia, New Mexico 88210

Brian Scott Manning  
P.O. Box 52812  
Irvine, California 92619

Fred Bohannon  
Fred Bohannon Royalty Trust  
5242 South Columbia  
Tulsa, Oklahoma 74105

Joe M. Bohannon  
4157 South Harvard Avenue  
Tulsa, Oklahoma 74135

Marvin Bohannon  
c/o Joe M. Bohannon  
4157 South Harvard Avenue  
Tulsa, Oklahoma 74135

Marianne B. Jost  
2248 NW 56<sup>th</sup> Street  
Oklahoma City, Oklahoma 73112

Gail Bohannon  
Suite 84  
1911 Douglas Boulevard  
Roseville, California 95661

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, Zip+4  
Alto Petroleum Corporation  
MYCO Industries, Inc.  
Yates Drilling Company  
Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210  
PS Form 3800, June 2002 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:  
  
2. Article Number  
(Transfer from service)  
7005 1160 0001 1248 1348  
PS Form 3811, February 2004 Domestic Return Receipt Chi 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature ☒ Agent  
B. Received by (Printed Name) ☒ Addressee  
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:  
  
2. Article Number  
(Transfer from service)  
7005 1160 0001 1248 1331  
PS Form 3811, February 2004 Domestic Return Receipt Chi 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature ☒ Agent  
B. Received by (Printed Name) ☒ Addressee  
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

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, Zip+4  
Shahro Oil, Ltd. Co.  
105 South Fourth Street  
Artesia, New Mexico 88210  
PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent To  
Marvin Bohannon  
c/o Joe M. Bohannon  
4157 South Harvard Avenue  
Tulsa, Oklahoma 74135

PS Form 3811, June 2002 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:

Marianne B. Jost  
2248 NW 36<sup>th</sup> Street  
Oklahoma City, Oklahoma 73112

2. Article Number  
(Transfer from service label)

7005 1160 0001 1249 7745

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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:

Marvin Bohannon  
c/o Joe M. Bohannon  
4157 South Harvard Avenue  
Tulsa, Oklahoma 74135

**SENDER: COMPLETE THIS SECTION**

- A. Signature ☒ 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:

SEP 20 2005

- 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number  
(Transfer from service label)

7005 1160 0001 1249 7738

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
- 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 ☐ No

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent To  
Marianne B. Jost  
2248 NW 36<sup>th</sup> Street  
Oklahoma City, Oklahoma 73112

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
(Domestic Mail Only: No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

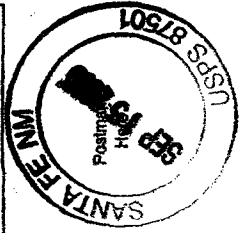
**OFFICIAL USE**

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

Sent To  
Joe M. Bohannon  
4157 South Harvard Avenue  
Tulsa, Oklahoma 74135  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

2005 1160 0001 1249 7721



**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:

Fred Bohannon Royalty Trust  
5242 South Columbia  
Tulsa, Oklahoma 74105

2. Article Number  
(Transfer from service)

7005 1160 0001 1248 1362

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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:

Joe M. Bohannon  
4157 South Harvard Avenue  
Tulsa, Oklahoma 74135

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 9/25/05

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

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number  
(Transfer from service)

7005 1160 0001 1249 7721

PS Form 3811 February 2004 Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Martha B Cox C. Date of Delivery 9/29

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

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7005 1160 0001 1248 1362

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
(Domestic Mail Only: No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

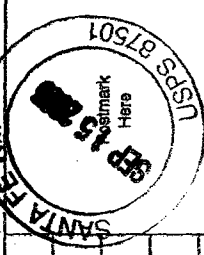
**OFFICIAL USE**

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

Sent To  
Fred Bohannon Royalty Trust  
5242 South Columbia  
Tulsa, Oklahoma 74105  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

2005 1160 0001 1248 1362



[Home](#) | [Help](#)[Track & Confirm](#)

## Track & Confirm

### Search Results

Label/Receipt Number: **7005 1160 0001 1248 1355**  
Status: **Notice Left**

We attempted to deliver your item at 10:16 am on September 19, 2005 in IRVINE, CA 92619 and a notice was left. It can be redelivered or picked up at the Post Office. If the item is unclaimed, it will be returned to the sender. Information, if available, is updated every evening. Please check again later.

[Additional Details >](#)[Return to USPS.com Home >](#)[Track & Confirm](#)

Enter Label/Receipt Number.

### Notification Options

#### Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

POSTAL INSPECTORS  
Preserving the Trust

[site map](#)[contact us](#)[government services](#)[jobs](#)[National & Premier Accounts](#)

Copyright © 1999-2004 USPS. All Rights Reserved. Terms of Use Privacy Policy

U.S. Postal Service CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
<b>Sent To</b> Brian Scott Manning P.O. Box 52812 Irvine, California 92619	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, June 2002	
See Reverse for instructions	


[Home](#) | [Help](#)
[Track & Confirm](#)

## Track & Confirm

### Search Results

Label/Receipt Number: 7005 1160 0001 1249 7752

Status: **Acceptance**

Your item was accepted at 3:10 pm on September 15, 2005 in SANTA FE, NM 87504. Information, if available, is updated every evening. Please check again later.

[Track & Confirm](#)

Enter Label/Receipt Number.

### Notification Options

Track &amp; Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)
**POSTAL INSPECTORS**  
Preserving the Trust
[site map](#)[contact us](#)[government services](#)[jobs](#)[National & Premier Accounts](#)Copyright © 1999-2004 USPS. All Rights Reserved. [Terms of Use](#) [Privacy Policy](#)

U.S. Postal Service <sup>TM</sup>	
<b>CERTIFIED MAIL<sup>TM</sup> RECEIPT</b>	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<b>Sent To</b> Gail Bohannon Suite 84 1911 Douglas Boulevard Roseville, California 95661	
<b>Street, Apt. No., or PO Box No.</b> City, State, ZIP+4	
PS Form 3800, June 2002 See Reverse for Instructions	