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WRITER

Gary W. Larson,
Partner

glarson@hinklelawfirm.com

September 29, 2016

VIA CERTIFIED MAIL

Brandon Detamore
20818 24th Ave S
Seatac, WA 98198-5522

Re: Rockcliff Operating New Mexico LLC NMOCD Application

Dear Mr. Detamore:

Enclosed is a copy of an application for approval of a non-standard spacing and proration unit and compulsory pooling that Rockcliff Operating New Mexico LLC ("Rockcliff") has filed with the New Mexico Oil Conservation Division ("the Division"). The proposed non-standard spacing and proration unit is comprised of the E/2 E/2 of Section 20, Township 8 South, Range 34 East, N.M.P.M., Roosevelt County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 27, 2016 in Porter Hall at the Division's offices located 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 Rockcliff's application, you may appear at the hearing and present testimony. If you do not appear at that time and become a party of record, you will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday, October 20, 2016. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

Thank you for your attention to this matter.

Very truly yours,

Gary W. Larson

GWL:sm
Enclosure


OCD Case No. 15558

**ROCKCLIFF
Exhibit # 4**

PO BOX 10
ROSWELL, NEW MEXICO 88202
575-622-6510
(FAX) 575-623-9332

PO BOX 1720
ARTESIA, NEW MEXICO 88210
575-622-6510
(FAX) 575-746-6316

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<p>1. Article Addressed to:</p> <p>Brandon Detamore c/o Tami Shoemaker P.O. Box 629 Brownsville, AR 97327</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7012 0470 0001 5955 1834</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</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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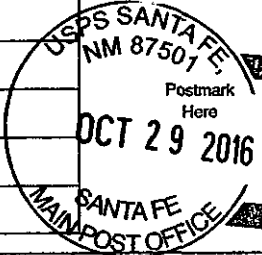
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City, State, ZIP+4 **Wichita KS 67218-4125**

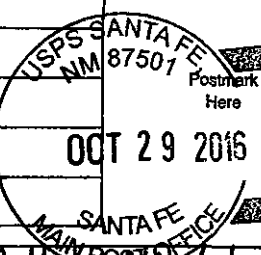
PS Form 3800, August 2006 See Reverse for Instructions

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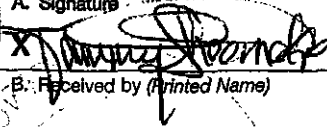
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Street, Apt. No., or PO Box No. **13573 Elsworth St.**
City, State, ZIP+4 **Moreno Valley CA 92553**

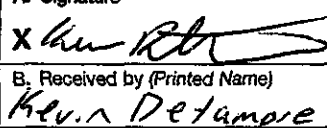
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1. Article Addressed to: Erik Detamore 1104 Pine St. Brownsville, OR 97327-2140		B. Received by (Printed Name) Erik Detamore	C. Date of Delivery 10-16-16
2. Article Number (Transfer from service label) 7014 0510 0000 9539 2770		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

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1. Article Addressed to: Kevin Detamore 1104 Pine St. Brownsville, OR 97327-2140		B. Received by (Printed Name) Kevin Detamore	C. Date of Delivery 10-16-16
2. Article Number (Transfer from service label) 7014 0510 0000 9539 2787		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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