

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

APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY, L P FOR A NON-STANDARD OIL SPACING
AND PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No 15,634

AFFIDAVIT OF NOTICE

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

James Bruce being duly sworn upon his oath deposes and states

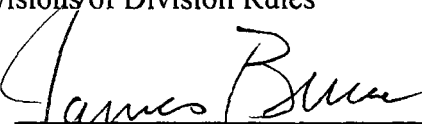
1 I am over the age of 18 and have personal knowledge of the matters stated herein

2 I am an attorney for Devon Energy Production Company L P

3 Applicant has conducted a good faith diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the application filed herein

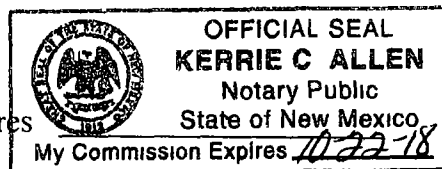
4 Notice of the application was provided to the operator or working interest owner at its correct address by certified mail Copies of the notice letter and certified return receipt are attached hereto as Attachment A

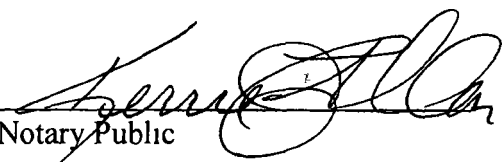
5 Applicant has complied with the notice provisions of Division Rules

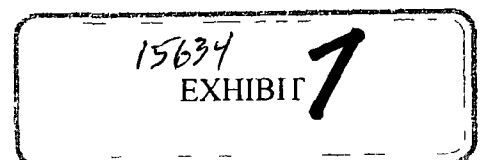

James Bruce

SUBSCRIBED AND SWORN TO before me this 1st day of March 2017 by James
Bruce

My Commission Expires




Notary Public



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

February 23 2017

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To Persons on Exhibit A

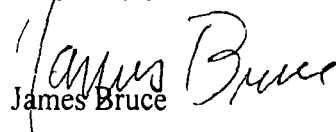
Ladies and gentlemen

Enclosed is a copy of an application for a non standard unit *etc* filed with the New Mexico Oil Conservation Division by Devon Energy Production Company L P regarding a Bone Spring well in the W½W½ of Section 1 and the W½W½ of Section 12 Township 23 South Range 31 East N M P M Eddy County New Mexico

This matter is scheduled for hearing at 8 15 a m on Thursday March 16 2017 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 offset interest owner or operator** who may be affected by the application, you may appear and present testimony Failure to appear at that time and become a party of record will preclude you from contesting this 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 March 9 2017 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

COG Operating LLC
One Concho Center
600 West Illinois
Midland, Texas 79701

Marshall & Winston Inc
P O Box 50880
Midland Texas 79710

McCombs Energy Ltd
Suite 1220
5599 San Felipe Street
Houston Texas 77056

OXY USA Inc
5 Greenway Plaza
Houston, Texas 77046

Linn Energy Holdings LLC
Linn Operating Inc
Suite 4900
600 Travis
Houston Texas 77002

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3
- 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

COG Operating LLC
One Concho Center
600 West Illinois
Midland Texas 79701

9590 9402 1676 6053 6585 11

2 Article Number (Transfer from service label)

7014 0510 0000 9535 1845

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Donna Simmons

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Donna Simmons

C. Date of Delivery

2/28/17

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

3 Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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(Endorsement Required)

Postage & Fees

Ad No

PCBN

S 7P

Postmark
He

Linn Energy Holdings LLC
Linn Operating Inc
Suite 4900
600 Travis
Houston Texas 77002

PS Form 3811 August 2005

See Reverse for Instructions

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- Attach this card to the back of the mailpiece or on the front if space permits

1 Article Addressed to

Linn Energy Holdings LLC
Linn Operating Inc
Suite 4900
600 Travis
Houston Texas 77002

9590 9402 1676 6053 6584 74

2 Article Number (Transfer from service label)

7014 0510 0000 9535 1807

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Lynn Operating Inc

C. Date of Delivery

2/28/17

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

3 Service Type

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☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

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Certified Fee

Return Receipt Fee
(Endorsement Required)Postage & Fees
(Endorsement Required)

Postage & Fees \$

COG Operating LLC
One Concho Center
600 West Illinois
Midland Texas 79701

PS Form 3811 August 2005

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3</p> <p>■ Print your name and address on the reverse so that we can return the card to you</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits</p>		<p>A Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <u>[Signature]</u></p>	
<p>1 Article Addressed to</p> <p>Marshall & Winston Inc P O Box 50880 Midland Texas 79710</p>		<p>B Received by (Printed Name) <u>Kim Fazy</u> C Date of Delivery <u>3/1/17</u></p> <p>D Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below</p>	
<p>2 Article Number (Transfer from service label)</p> <p>9590 9402 1676 6053 6585 04</p>		<p>3 Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>7014 0510 0000 9535 1838</p>		<p>PS Form 3811 July 2015 PSN 7530 02 000 9053</p>	

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<p>For delivery information visit our website at www.usps.com</p>	
<p>Postage <u> </u></p> <p>Certified Fee <u> </u></p> <p>Return Receipt Fee (Endorsement Required) <u> </u></p> <p>Restricted Delivery Fee (Endorsement Required) <u> </u></p> <p>To Postage & Fees \$ <u> </u></p>	
<p>See To <u> </u> McCombs Energy Ltd Suite 1220 5599 San Felipe Street Houston Texas 77056</p> <p>Sheet Apt No <u> </u> PO Box No <u> </u> City State ZIP 4 <u> </u></p>	
<p>PS Form 3800 August 2005 See Reverse for Instructions</p>	

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<p>CERTIFIED MAIL™ RECEIPT</p> <p>(Domestic Mail Only; No Insurance Coverage Provided)</p>	
<p>For delivery information visit our website at www.usps.com</p>	
<p>Postage <u> </u></p> <p>Certified Fee <u> </u></p> <p>Return Receipt Fee (Endorsement Required) <u> </u></p> <p>Restricted Delivery Fee (Endorsement Required) <u> </u></p> <p>Total Postage & Fees <u> </u></p>	
<p>See To <u> </u> Marshall & Winston Inc P O Box 50880 Midland Texas 79710</p> <p>Sheet Apt No <u> </u> PO Box No <u> </u> City State ZIP 4 <u> </u></p>	
<p>PS Form 3800 August 2005 See Reverse for Instructions</p>	

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<p>■ Complete items 1, 2, and 3</p> <p>■ Print your name and address on the reverse so that we can return the card to you</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits</p>		<p>A Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <u>[Signature]</u></p>	
<p>1 Article Addressed to</p> <p>McCombs Energy Ltd Suite 1220 5599 San Felipe Street Houston Texas 77056</p>		<p>B Received by (Printed Name) <u>Olivia Bailey</u> C Date of Delivery <u>3-3-17</u></p> <p>D Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES enter delivery address below</p>	
<p>2 Article Number (Transfer from service label)</p> <p>9590 9402 1676 6053 6584 90</p>		<p>3 Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>7014 0510 0000 9535 1821</p>		<p>PS Form 3811 July 2015 PSN 7530 02 000 9053</p>	

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<p>■ Complete items 1 2 and 3</p> <p>■ Print your name and address on the reverse so that we can return the card to you</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits</p>	<p>A Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B Received by (Printed Name) C Date of Delivery</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 style="text-align: center; margin-top: 20px;">OXY USA Inc 5 Greenway Plaza Houston Texas 77046</p> <p style="text-align: center; margin-top: 20px;">9590 9402 1676 6053 6584 81</p>	<p>3 Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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 </div> <div> <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 </div> </div>
<p>2 Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7014 0510 0000 9535 1814</p>	<p>restricted Delivery</p>

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7014 0510 0000 9535 1814

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Restrictive Endorsement Fee	
Total Postage & Fee \$	

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POB No

City ZIP+4

OXY USA Inc

5 Greenway Plaza

Houston Texas 77046

PS Form 3800, August 2005

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