

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY, L P TO REVOKE THE INJECTION
AUTHORITY GRANTED BY ADMINISTRATIVE
ORDER SWD-640, LEA COUNTY, NEW MEXICO**

Case No 15,397

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 interest owners entitled to receive notice of the application filed herein
- 4 Notice of the application was provided to the interest owner, at its correct known 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 Rules NMAC 19 15 4 9 and 19 15 4 12 C



James Bruce

SUBSCRIBED AND SWORN TO before me this 28th day of March 2016 by James Bruce

My Commission Expires 10-22-18

 OFFICIAL SEAL KERRIE C ALLEN Notary Public State of New Mexico My Commission Expires <u>10-22-18</u>



Notary Public

Oil Conservation Division
Case No 1
Exhibit No 1

Devon

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE NEW MEXICO 87504

369 MONTEZUMA NO 213
SANTA FE NEW MEXICO 87501

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jamesbruce@aol.com

October 6, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To Persons on Exhibit A

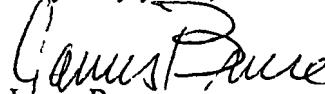
Ladies and gentlemen

Enclosed is a copy of an application, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L P , seeking to revoke injection authority for the Diamond 34 State Well No 1 (API No 30 025-33387), a salt water disposal well located 990 feet from the South line and 1 650 feet from the West line (Unit Letter N) of Section 34, Township 22 South Range 33 East, N M P M , Lea County, New Mexico The authority was granted by Administrative Order and Corrected Administrative Order SWD 640

This matter is scheduled for hearing at 8 15 a m on Thursday October 29, 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 October 22 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

EXHIBIT



EXHIBIT A

OXY USA Inc
Suite 110
5 Greenway Plaza
Houston, Texas 77046

7012 0470 0001 5962 2640

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

HOUSTON, TX 77146

Postage	\$3.45	11711
Certified Fee	\$2.90	16
Return Receipt Fee (Endorsement Required)	\$0.00	Postmark
Restricted Delivery Fee (Endorsement Required)	\$0.00	H
Total Postage & Fees	\$6.35	11711

Sent To: OXY USA Inc
Suite 110
5 Greenway Plaza
Houston Texas 77046

PS Form 3811, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1 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 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</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>1 Article Addressed to</p> <p>OXY USA Inc Suite 110 5 Greenway Plaza Houston Texas 77046</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 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><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2 Article Number (Transfer from service label)</p> <p>012 0470 0001 5962 2640</p>	<p>9590 9403 0764 5196 3277 55</p>
<p>PS Form 3811 April 2015 PSN 7530-02 000 9053</p>	<p>DEV-OXY Domestic Return Receipt</p>