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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 W $\frac{1}{2}$ W $\frac{1}{2}$  of Section 1 and the W $\frac{1}{2}$ W $\frac{1}{2}$  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



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  No  
 If YES enter delivery address below

3 Service Type  Priority Mail Express®  Registered Mail™

Adult Signature  Registered Mail Restricted Delivery

Adult Signature Restricted Delivery  Registered Mail Restricted Delivery

Certified Mail®  Return Receipt for Merchandise

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

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

7014 0510 0000 9535 1807

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

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

PS Form 3800 August 2015

See Reverse for Instructions

**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

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 Spears* C. Date of Delivery *2/28/17*

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

3 Service Type  Priority Mail Express®  Registered Mail™

Adult Signature  Registered Mail Restricted Delivery

Adult Signature Restricted Delivery  Registered Mail Restricted Delivery

Certified Mail®  Return Receipt for Merchandise

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

D

Domestic Return Receipt

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7014 0510 0000 9535 1845

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

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

PS Form 3800 August 2015

See Reverse for Instructions

**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

Marshall & Winston Inc  
P O Box 50880  
Midland Texas 79710

9590 9402 1676 6053 6585 04

2 Article Number (Transfer from service label)

7014 0510 0000 9535 1838

PS Form 3811 July 2015 PSN 7530 02 000 9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B Received by (Printed Name) *Kim Tacy* C Date of Delivery *3/1/17*

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

- 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

PS Form 3811 August 2015 See Reverse for Instructions

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Postage \_\_\_\_\_  
Certified Fee \_\_\_\_\_  
Restrictive Fee \_\_\_\_\_  
Additional Delivery Fees \_\_\_\_\_  
Total Postage & Fees \$ \_\_\_\_\_

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

PS Form 3811 August 2015 See Reverse for Instructions

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

7014 0510 0000 9535 1838

Postmark Here \_\_\_\_\_  
Restrictive Fee \_\_\_\_\_  
Additional Delivery Fees \_\_\_\_\_  
Total Postage & Fees \$ \_\_\_\_\_

See To *Marshall & Winston Inc  
P O Box 50880  
Midland Texas 79710*

PS Form 3811 August 2015 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to

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

9590 9402 1676 6053 6584 98

2 Article Number (Transfer from service label)

7014 0510 0000 9535 1821

PS Form 3811 July 2015 PSN 7530 02 000 9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B Received by (Printed Name) *Olivia Bailey* C Date of Delivery *3/3/17*

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

- 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

PS Form 3811 August 2015 See Reverse for Instructions

D

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1 2 and 3</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) <input type="checkbox"/> C. Date of Delivery</p> <p><i>[Signature]</i></p>
<p>1 Article Addressed to</p> <p>OXY USA Inc  5 Greenway Plaza  Houston Texas 77046</p> <p>9590 9402 1676 6053 6584 81</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>2 Article Number (Transfer from service label)</p> <p>7014 0510 0000 9535 1814</p>	<p>3 Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>

PS Form 3811 July 2015 PSN 7530 02 000 9053

Domestic Return Receipt

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Postage tag	\$	
Postage fee		
Receipt Fee (if required)		Postage fee
Registration Fee (if required)		
Total Postage & Fee	\$	

Delivered to

OXY USA Inc  
5 Greenway Plaza  
Houston Texas 77046

Street Apt No  
P.O. Box No  
City ZIP+4