

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

April 17, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Occidental Permian Ltd.
P.O. Box 50250
Midland, Texas 79710

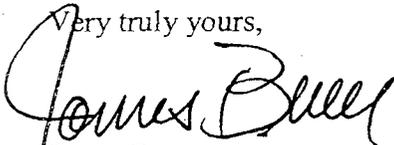
Attention: David Evans

Dear Mr. Evans:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by EOG Resources, Inc., regarding the SW $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 17, Township 18 South, Range 34 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, May 10, 2007, 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 Thursday, May 3, 2007 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for EOG Resources, Inc.

EXHIBIT

A

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Occidental Permian Ltd. P.O. Box 50250 Midland, Texas 79710</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>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 2570 0000 4564 5381</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt <i>EOG</i> 102595-02-M-154C</p>	

7005 2570 0000 4564 5381

U.S. Postal Service	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only, No Insurance Coverage Allowed)	
For delivery information visit our website at www.usps.com	
MIDLAND, TX 79710	
OFFICIAL USE	
Postage	\$ 0.39 0500
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.64
<p>Sent To: Occidental Permian Ltd. P.O. Box 50250 Midland, Texas 79710</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
PS Form 3800, June 2002 See Reverse for Instructions	