

EXHIBIT #4
AFFIDAVIT OF NOTICE

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

**APPLICATION OF SYNERGY OPERATING,
LLC FOR COMPULSORY POOLING, SAN
JUAN COUNTY, NEW MEXICO.**


Case No. 14,032

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 Synergy Operating, LLC.
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 owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1207.



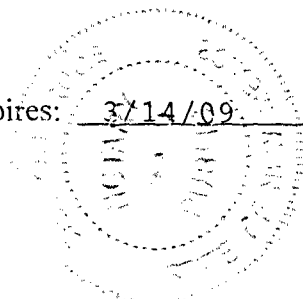
James Bruce

SUBSCRIBED AND SWORN TO before me this 27th day of November, 2007 by James Bruce.



Notary Public

My Commission Expires: 3/14/09



Oil Conservation Division
Case No. 4
Exhibit No. 1

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

November 8, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

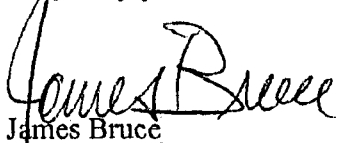
To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application, filed with New Mexico Oil Conservation Division by Synergy Operating, LLC, seeking compulsory pooling of the S½ of Section 10, Township 29 North, Range 12 West, N.M.P.M., San Juan County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 29, 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, November 22, 2007 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Synergy Operating, LLC

EXHIBIT A

EXHIBIT A

Roy G. Barton, Jr.
1919 North Turner Street
Hobbs, New Mexico 88240-2712

Jean J. Bleakley Trust
2633 Bulrush Lane
Naples, Florida 34105

Flora S. Drosten & Co.
144 Calle Vista
Camarillo, California 93010

Barbara K. Kullas
6506 Warriors Run
Littleton, Colorado 80125-9060

Judith E. Chandler, Individually
as Trustee
c/o Jonathan A. Pace,
Pace & Pace, L.L.P.
Meadows Building
Suite 940
5646 Milton Street
Dallas, Texas 75206

David G. McLane
8937 Devonshire Drive
Dallas, Texas 75209-2407

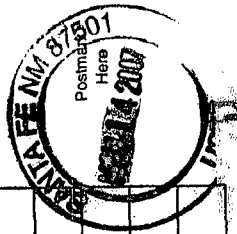
BP America Production Company
501 Westlake Park Boulevard
Houston, Texas 77079

Attention: Julie Burns Morton
Land Department

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee
 Restricted Delivery Fee
 Total Postage & Fees \$

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4
 George W. Stine, Executor of
 the Estate of Barbara S. Gates
 P.O. Box 2560
 Fountain Springs, Colorado 81147
 PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

Complete items 1, 2, 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.

1. Article Addressed to:

Flora S. Drost & Co.
 144 Calle Vista
 Camanillo, California 93010

2. Article Number
 (Transfer from service label)

7007 0710 0003 0181 0935

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Flora Drost
 Agent

B. Received by (Printed Name)
 F. Drost
 Addressee

C. Date of Delivery
 11/3/07

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

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

7007 0710 0003 0181 0935

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, 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.

1. Article Addressed to:

George W. Stine, Executor of
 the Estate of Barbara S. Gates
 P.O. Box 2560
 Fountain Springs, Colorado 81147

2. Article Number
 (Transfer from service label)

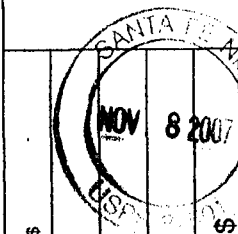
7007 0710 0003 0181 6692

PS Form 3811, February 2004

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee
 Restricted Delivery Fee
 Total Postage & Fees \$

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4
 Flora S. Drost & Co.
 144 Calle Vista
 Camanillo, California 93010
 PS Form 3800, August 2006 See Reverse for Instructions



COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Jeanette Hunsicker
 Agent

B. Received by (Printed Name)
 Jeanette Hunsicker
 Addressee

C. Date of Delivery

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

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

7007 0710 0003 0181 6692

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To
 Jean J. Bleakley Trust
 2633 Bulwark Lane
 Naples, Florida 34105
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2005 See Reverse for Instructions

2007 0710 0003 0161 0942

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, 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.

1. Article Addressed to:
 BP America Production Company
 501 Westlake Park Boulevard
 Houston, Texas 77079

2. Article Number 7007 0710 0003 0161 0898
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **RECEIVED** ☐ Agent ☐ Addressee
 B. Received by (Printed Name) **NOV 13 2007** C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt *Syn - Back* 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, 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.

1. Article Addressed to:
 Jean J. Bleakley Trust
 2633 Bulwark Lane
 Naples, Florida 34105

2. Article Number 7007 0710 0003 0161 0942
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *R Jensen* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) **RN Jensen** C. Date of Delivery **11/13/07**
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt *Syn - Back* 102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here
NOV 13 2007
SANTA FE
USPS 87501

Sent To
 BP America Production Company
 501 Westlake Park Boulevard
 Houston, Texas 77079
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2005 See Reverse for Instructions

2007 0710 0003 0161 0898

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To: Roy G. Barton, Jr.
 1919 North Turner Street
 Hobbs, New Mexico 88240-2712

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

Postmark Here
 SANTA FE NM
 NOV 8 2007
 USPS 87501

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, 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.

1. Article Addressed to:
 Barbara K. Kullas
 6506 Warriors Run
 Littleton, Colorado 80125-9060

2. Article Number (Transfer from service label)
 7007 0710 0003 0181 0928

PS Form 3811, February 2004 Domestic Return Receipt *Syn-Bell* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Barbara K. Kullas* Agent
 B. Received by (Printed Name) *BARBARA K. KULLAS* C. Date of Delivery *11/13/07*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

☐ Express Mail ☐ Return Receipt for Merchandise
☐ Registered Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, 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.

1. Article Addressed to:
 Brenda Stewart
 11-13-07

2. Article Number (Transfer from service label)
 7007 0710 0003 0181 0959

PS Form 3811, February 2004 Domestic Return Receipt *Syn-Bell* 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Brenda Stewart* Agent
 B. Received by (Printed Name) *Brenda Stewart* C. Date of Delivery *11-13-07*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise
☐ Registered ☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To: Barbara K. Kullas
 6506 Warriors Run
 Littleton, Colorado 80125-9060

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

Postmark Here
 SANTA FE
 NOV 8 2007
 USPS 87501

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.91

Postmark Here

Judith E. Chandler, Individually
 as Trustee
 c/o Jonathan A. Pace,
 Pace & Pace, L.L.P.
 Meadows Building
 Suite 940
 5646 Milion Street
 Dallas, Texas 75206

Sent To

Street, Apt. No.,
 or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

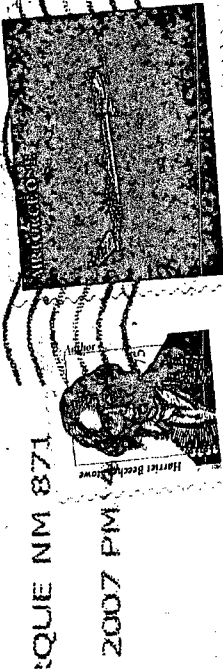
2002 0720 0000 1970 0760

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> Complete items 1, 2, 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. 		COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent B. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee C. Date of Delivery <u>11/13</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Judith E. Chandler, Individually as Trustee c/o Jonathan A. Pace, Pace & Pace, L.L.P. Meadows Building Suite 940 5646 Milion Street Dallas, Texas 75206		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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7007 0710 0003 0181 0911		Domestic Return Receipt 102595-02-M-1540	

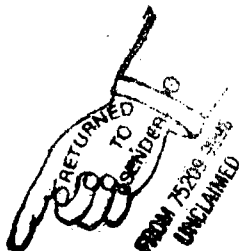
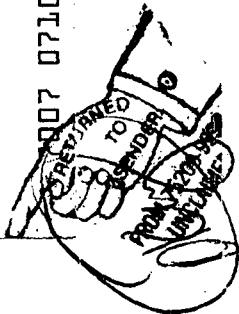
James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

POSTAGE DUE

12-11
ST. MICHAEL'S
RETURN TO
MAILING

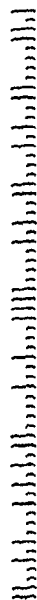


2007 0710 0003 0161 0904



David G. McLane
8937 Devonshire Drive
Dallas, Texas 75209-2407

NIXIE 732 DC 1 00 12/06/07
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
EC: 87504105656 *0760-08619-08-40



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
David G. McLane
8937 Devonshire Drive
Dallas, Texas 75209-2407
or PO Box No.
City, State, ZIP+4