

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

**APPLICATION OF SYNERGY OPERATING,
LLC FOR COMPULSORY POOLING AND A
NON-STANDARD GAS SPACING AND PRORATION
UNIT, SAN JUAN COUNTY, NEW MEXICO.**

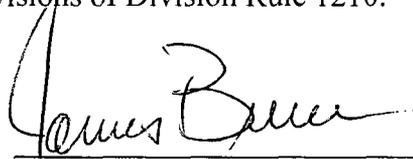
Case No. 14,175

AFFIDAVIT OF NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

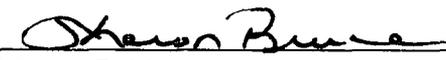
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Synergy Operating, LLC.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed 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 1210.



James Bruce

SUBSCRIBED AND SWORN TO before me this 19th day of August, 2008 by James Bruce.

My Commission Expires: 3/14/09



Notary Public

Oil Conservation Division
Case No. 2
Exhibit No.

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

July 31, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

New Mexico State Highway Department
Department of Transportation
P. O. Box 1149
Santa Fe, NM 87504

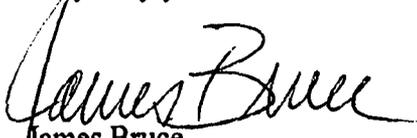
Dwight D. Arthur Revocable Trust
P.O. Box 230
Kirtland, New Mexico 87417

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 W $\frac{1}{2}$ of Section 7, Township 29 North, Range 13 West, N.M.P.M., San Juan County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 21, 2008, 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, August 14, 2008 if you intend to participate in the hearing.

Very truly yours,


James Bruce
Attorney for Synergy Operating, LLC

EXHIBIT

A

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 Dwight D. Arthur Revocable Trust
 P.O. Box 230
 Kirtland, New Mexico 87417

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

PS Form 3800, August 2006 See Reverse for Instructions

Postmark Here
 JUL 31 2008
 SANTA FE, NM 87501

7006 3450 0001 4318 0070

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:
 New Mexico State Highway Department
 Department of Transportation
 P. O. Box 1149
 Santa Fe, NM 87504

2. Article Number
(Transfer from service label)
 7006 3450 0001 4318 0107

PS Form 3811, February 2004 Domestic Return Receipt 5-UCD

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
[Signature] 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

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:
 Dwight D. Arthur Revocable Trust
 P.O. Box 230
 Kirtland, New Mexico 87417

2. Article Number
(Transfer from service label)
 7006 3450 0001 4318 0071

PS Form 3811, February 2004 Domestic Return Receipt 5-UCD

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
 Nancy Arthur 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

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

OFFICIAL USE

Postage \$
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