

PAUL BACA PROFESSIONAL COURT REPORTERS

**OIL
CONSERVATION
DIVISION**

CASE #: 14194

EXHIBIT

3

JAMES BRUCE
ATTORNEY AT LAW

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jamesbruc@aol.com

September 23, 2008

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 and compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the S $\frac{1}{2}$ N $\frac{1}{2}$ of Section 9, Township 15 South, Range 31 East, N.M.P.M., Chaves County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 16, 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, October 9, 2008 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT

A

EXHIBIT A

Mitchell Minerals, L.L.C.
RR 2, Box 10A
Haskell, Oklahoma 74436

Clare Lundbeck Fraser
133 East 64th Street
New York, New York 10021

Sigyn Lund
1052 Montgomery Road
Altamonte Springs, Florida 32714

Estate of Peter Shea
Edwina S. Millington
Edward L. Shea Trust
c/o John F. Walsh, Jr.
Bryan Cave LLP
1290 Avenue of the Americas
New York, New York 10104

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:

Clare Lundbeck Fraser
133 East 64th Street
New York, New York 10021

2. Article Number:

7006 2150 0002 359J 3343

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Cx-Int

COMPLETE THIS SECTION ON DELIVERY

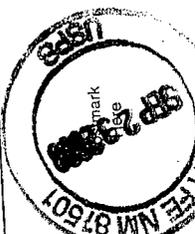
A. Signature Agent Addressee

B. Received by (Printed Name) *Clare* C. Date of Delivery *2/26*

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 No



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

Sent To
 Clare Lundbeck Fraser
 133 East 64th Street
 New York, New York 10021

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

PS Form 3800, August 2006 See Reverse for instructions.

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 Total Postage & Fees \$

Sent To
 Sigyn Lund
 Street, Apt. No., or PO Box No. 1052 Montgomery Road
 Altamonte Springs, Florida 32714
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for instructions.

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- 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:

Sigyn Lund
1052 Montgomery Road
Altamonte Springs, Florida 32714

2. Article Number
(Transfer from service label)

7006 2150 0002 359J 3336

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

Cx-Int

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) *Berry J. Lund* C. Date of Delivery *2-27-04*

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 No

PS Form 3800, August 2006 See Reverse for instructions.

