

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL
RESOURCES DEPARTMENT

OIL CONSERVATION

CASE #: 14305

EXHIBIT 2

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

**APPLICATION OF DEVON ENERGY PRODUCTION
COMPANY, L.P. FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

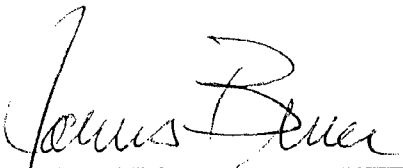
Case No. 14,305

AFFIDAVIT OF NOTICE

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

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

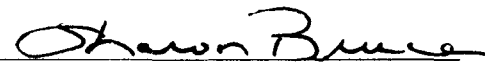
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Devon Energy Production Company, L.P.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known 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 Rules NMAC 19.15.4.9 and 19.15.4.12.C.



James Bruce

SUBSCRIBED AND SWORN TO before me this 6th day of April, 2009 by James Bruce.

My Commission Expires: 3/14/13



Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 2

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

March 9, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding the W½ of Section 13, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 16, 2009, 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 owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the 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, April 9, 2009. 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

EXHIBIT A

Harry Richardson
5093 East Highway 82
Gainesville, Texas 76240

Edna Mae Watt
400 Holland Drive
West Sacramento, California 95605

Dale M. Richardson
5093 East Highway 82
Gainesville, Texas 76240

David B. Brown
P.O. Box 690050
San Antonio, Texas 78269

Denise McCoy
933 Fourth Street
Calimesa, California 92320

Cheryl and Craig E. Collins
3209 SW Belle Avenue
Topeka, Kansas 66614

Stephen A. Major, Trustee of
the John Charles Major Trust
Apartment 5209
7751 South Memorial Drive
Tulsa, Oklahoma 74133

James A. Collier III
1113 Shady Oak Circle
McKinney, Texas 75070

Cline Oil and Gas Company
Suite 405
7144 East Stetson Drive
Scottsdale, Arizona 85251

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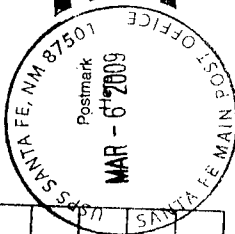
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
 Street, Apt. No.,
 Harry Richardson
 5093 East Highway 82
 Gainesville, Texas 76240
 City, State, ZIP+4

PS Form 3800, August 2005 See Reverse for Instructions



0008 0500 0001 4882 5110

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:

Edna Mae Watt
 400 Holland Drive
 West Sacramento, California 95605

2. Article Number
 (Transfer from service label)

7008 0500 0001 4882 5097

PS Form 3811, February 2004

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Harry Richardson
 5093 East Highway 82
 Gainesville, Texas 76240

2. Article Number
 (Transfer from service label)

7008 0500 0001 4882 5110

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) ☐ Addressee
 C. Date of Delivery 3/7
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

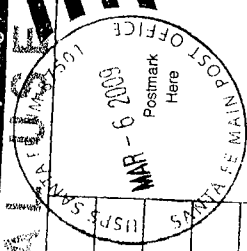
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

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



Sent To

Edna Mae Watt
 400 Holland Drive
 West Sacramento, California 95605
 City, State, ZIP+4

PS Form 3800, August 2005 See Reverse for Instructions

7008 0500 0001 4882 5097

Domestic Return Receipt D-C

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

Sent To
Stephen A. Major, Trustee of
the John Charles Major Trust
Apartment 5209
7751 South Memorial Drive
Tulsa, Oklahoma 74133
City, State, ZIP+4

Postmark Here

PS Form 3800, August 2005 See Reverse for Instructions

0402 8884 7000 0050 8002

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:
David B. Brown
P.O. Box 690050
San Antonio, Texas 78269

2. Article Number (Transfer from service label)
7008 0500 0001 4882 5080

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

4. Restricted Delivery? (Extra Fee)
☐ Yes
☐ No

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

6. Signature
X
7. Received by (Printed Name)
8. Date of Delivery
3/9/09

Domestic Return Receipt D-C

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:
Stephen A. Major, Trustee of
the John Charles Major Trust
Apartment 5209
7751 South Memorial Drive
Tulsa, Oklahoma 74133

2. Article Number (Transfer from service label)
7008 0500 0001 4883 2040

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

4. Restricted Delivery? (Extra Fee)
☐ Yes
☐ No

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

6. Signature
X
7. Received by (Printed Name)
8. Date of Delivery
3/25/09

Domestic Return Receipt D-C

102595-02-M-1540

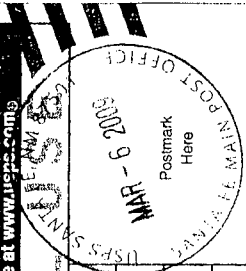
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Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$

Sent To
David B. Brown
P.O. Box 690050
San Antonio, Texas 78269
City, State, ZIP+4

PS Form 3800, August 2005 See Reverse for Instructions

0405 2884 7000 0050 8002



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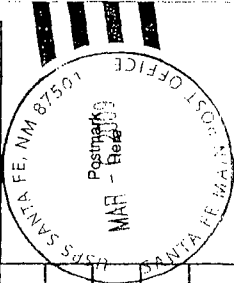
For delivery information visit our website at www.usps.com

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

Sent To
Denise McCoy
933 Fourth Street
Calimesa, California 92320
City, State, ZIP+4

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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:

Dale M. Richardson
5093 East Highway 82
Gainesville, Texas 76240

2. Article Number

(Transfer from service label)

7008 0500 0001 4882 5103

PS Form 3811, February 2004

Domestic Return Receipt

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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:

Denise McCoy
933 Fourth Street
Calimesa, California 92320

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Denise McCoy C. Date of Delivery 3/11/04
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

2. Article Number

(Transfer from service label)

7008 0500 0001 4882 5073

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Domestic Return Receipt

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COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Dale M. Richardson MAR 11 2004
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

DALE RICHARDSON

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

7008 0500 0001 4882 5103

Domestic Return Receipt

D-C

102595-02-M-1540

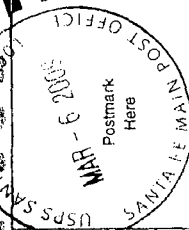
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent to
Dale M. Richardson
5093 East Highway 82
Gainesville, Texas 76240
Street, Apt. No., or PO Box No.
City, State, ZIP+4



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

Sent To Cheryl and Craig E. Collins
 3209 SW Belle Avenue
 Topeka, Kansas 66614

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

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9905 2884 1000 0050 8002

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:
 James A. Collier III
 1113 Shady Oak Circle
 McKinney, Texas 75070

2. Article Number (Transfer from service label) 7008 0500 0001 4882 5042

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) 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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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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:
 Cheryl and Craig E. Collins
 3209 SW Belle Avenue
 Topeka, Kansas 66614

2. Article Number (Transfer from service label) 7008 0500 0001 4882 5066

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COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) 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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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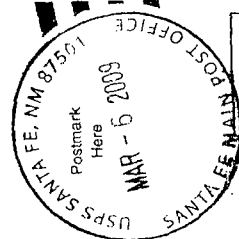
Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To James A. Collier III
 1113 Shady Oak Circle
 McKinney, Texas 75070

Street, Apt. No., or PO Box No.
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2105 2884 1000 0050 8002




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 Status: **Notice Left**

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Total Postage & Fees	\$
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Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
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