

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF RSC RESOURCES LIMITED
PARTNERSHIP FOR APPROVAL OF A NON-
STANDARD OIL SPACING AND PRORATION
UNIT AND FOR COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO.

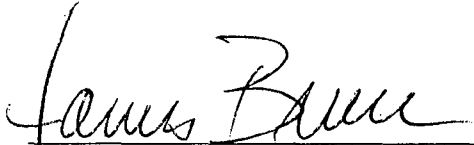
Case No. 14,277

AFFIDAVIT OF NOTICE

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

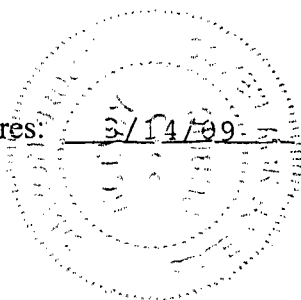
James Bruce, being duly sworn upon his oath, deposes and states:

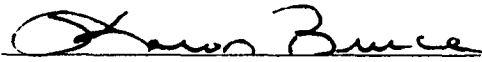
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for RSC Resources Limited Partnership.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the proper parties, 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 Rules NMAC 19.15.4.9 and 19.15.4.12.C.


James Bruce

SUBSCRIBED AND SWORN TO before me this 4th day of March, 2009 by James Bruce.

My Commission Expires: 3/14/09




Notary Public

Oil Conservation Division
Case No. 5
Exhibit No. 5

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

January 23, 2009

CERTIFIED MAIL -- RETURN RECEIPT REQUESTED

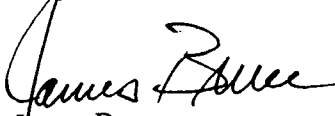
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, filed with the New Mexico Oil Conservation Division by RSC Resources Limited Partnership, regarding the S $\frac{1}{2}$ S $\frac{1}{2}$ of Section 30, Township 16 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, February 19, 2009, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. The Division has required applicant to notify offset operators of this application. As an offset operator, 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, February 12, 2009 if you intend to participate in the hearing.

Very truly yours,


James Bruce

Attorney for RSC Resources Limited Partnership

EXHIBIT

A

EXHIBIT A

Sargon Investments One Ltd.
P.O. Box 11044
Midland, Texas 79702

William Wallace
P.O. Box 10354
Midland, Texas 79702

Murchison Oil & Gas, Inc.
1100 Mira Vista Boulevard
Plano, Texas 75093

Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101

COG Operating, LLC
Suite 1300
550 West Texas
Midland, Texas 79701

Three Span Oil and Gas, Inc.
P.O. Box 51538
Midland, Texas 79710

Judson Operating, Ltd.
P.O. Box 3340
Midland, Texas 79702

LAJ Exploration
P.O. Box 100626
Midland, Texas 79702

Sigmar, Inc.
Suite 100
400 North Marienfeld
Midland, Texas 79701

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:

Sargon Investments One Ltd.
P.O. Box 11044
Midland, Texas 79702

2. Article Number

(Transfer from service label)

7008 0500 0001 4430 6453

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RSC-30-2-NSP

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) SARGON INVESTMENTS ONE LTD. Date of Delivery 1-28-09
- C. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

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

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

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OFFICIAL USE

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

Sent To Sargon Investments One Ltd.
P.O. Box 11044
Midland, Texas 79702
City, State, ZIP+4

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:

Three Span Oil and Gas, Inc.
P.O. Box 51538
Midland, Texas 79710

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X [Signature] ☒ Agent ☐ Addressee
- B. Received by (Printed Name) CARL BRIDGEMAN C. Date of Delivery 1-27
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

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

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

2. Article Number

(Transfer from service label)

7008 0500 0001 4430 6408

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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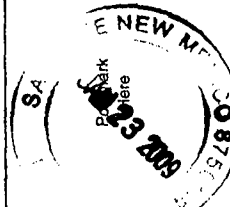
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To Three Span Oil and Gas, Inc.
P.O. Box 51538
Midland, Texas 79710
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 0500 0001 4430 6408



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:

COG Operating, LLC
Suite 1300
550 West Texas
Midland, Texas 79701

2. Article Number

(Transfer from service label)

7008 0500 0001 4430 6415

PS Form 3811, February 2004

Domestic Return Receipt

psc-30-2-45P

102595-02-M-1560

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

Sent To
COG Operating, LLC
Suite 1300
550 West Texas
Midland, Texas 79701
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Wilma Ellis*
B. Received by (Printed Name) *WILMA ELLIS*
C. Date of Delivery *1-26*
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ 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
LAJ Exploration
P.O. Box 100626
Midland, Texas 79702
Street, Apt. No., or PO Box No.
City, State, ZIP+4

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:

LAJ Exploration
P.O. Box 100626
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Debbie Bell*
B. Received by (Printed Name) *Debbie Bell*
C. Date of Delivery *1-27-09*
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

7008 0500 0001 4430 6385

PS Form 3811, February 2004

Domestic Return Receipt

RSC-30-2-45P

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:

Devon Energy Production Company
P.O. Box 108838
Oklahoma City, Oklahoma 73101

COMPLETE THIS SECTION ON DELIVERY

A. Signature SPB ☒ Agent ☐ Addressee
B. Received by (Printed Name) _____ C. Date of Delivery _____

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

20

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 4430 6422

PS Form 3811, February 2004

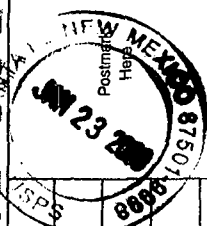
Domestic Return Receipt RSC-30-L-NSD 102595-02-M-1540

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



Sent To Sigmair, Inc.
Street, Apt. No., Suite 100
or PO Box No. 400 North Maricfield
City, State, ZIP+4 Midland, Texas 79701

PS Form 3800, August 2005

See Reverse for Instructions

U.S. Postal ServiceTM CERTIFIED MAILTM 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 Devon Energy Production Company, L.P.
Street, Apt. No., P.O. Box 108838
or PO Box No. Oklahoma City, Oklahoma 73101
City, State, ZIP+4

PS Form 3800, August 2005

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:

Sigmair, Inc.
Suite 100
400 North Maricfield
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) R. GARNETT C. Date of Delivery 1-26-05
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 4430 6378

PS Form 3811, February 2004

Domestic Return Receipt RSC-30-L-NSD 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: Murchison Oil & Gas, Inc.
 1100 Mira Vista Boulevard
 Plano, Texas 75093

Street Apt. No.:
 or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

6649 0E44 T000 0050 0002

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:

Murchison Oil & Gas, Inc.
 1100 Mira Vista Boulevard
 Plano, Texas 75093

2. Article Number
 (Transfer from service label):

7008 0500 0001 4430 6439

PS Form 3811, February 2004

Domestic Return Receipt *PS-C-30-2-NSP* 1025085

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery *1-26*

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