

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

Case No. 14316

EXHIBIT

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](mailto:jamesbruc@aol.com)

April 23, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

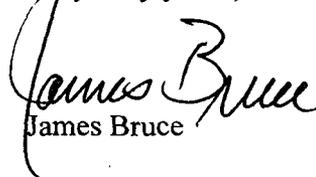
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by RSC Resources Limited Partnership, regarding the N $\frac{1}{2}$ N $\frac{1}{2}$  of Section 31, Township 16 South, Range 28 East, N.M.P.M., Eddy County, New Mexico. This matter has been scheduled for hearing at 8:15 a.m. on Thursday, May 14, 2009 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 the Division, and the undersigned, by Thursday, May 7, 2009 if you intend to enter an appearance and participate in the case.

Very truly yours,

  
James Bruce

Attorney for RSC Resources Limited Partnership

EXHIBIT

**A**

EXHIBIT A

Chase Oil Corporation  
P.O. Box 1767  
Artesia, NM 88210

Cal-Mon Oil Company  
500 W. Texas, Suite 1200  
Midland, TX 79701-4281

Glenn E. Houston  
1965 Cole Court  
Yuba City, CA 95993

Todd R. Houston  
73109 Desert Greens  
Palm Desert, CA 92260

Monaghan Living Trust  
500 W. Texas, Suite 1200  
Midland, TX 79701

Mary Chambers  
#2 Stone Creek  
Brownwood, TX 76801

Burton Crain  
18126 Cerca Piedra  
San Antonio, TX 78259

Bobby Gleason  
4004 85th Place  
Lubbock, TX 79423

HS Minerals and Realty, Ltd.  
P.O. Box 27284  
Austin, TX 78755-2284

Hill Investments  
Casody Enterprises, L.L.C.  
P.O. Box 1568  
Cedar Park, TX 78630

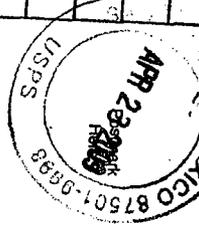
Hill Trusts  
3343 Locke Avenue, #103  
Fort Worth, TX 76107

**US Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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Postage \$  
 Certified Fee \$  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$



Sent To: HS Minerals and Realty, Ltd.  
 Street, Apt. No.: P.O. Box 27284  
 or PO Box No. Austin, TX 78755-2284  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 0500 0001 4882 5493

**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:

Hill Investments  
 Casody Enterprises, L.L.C.  
 P.O. Box 1568  
 Cedar Park, TX 78630

2. Article Number (Transfer from service label)

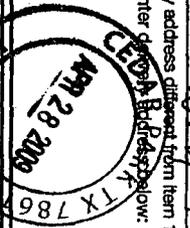
7008 0500 0001 4882 5509

PS Form 3811, February 2004

Domestic Return Receipt ASC 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 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

**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:

HS Minerals and Realty, Ltd.  
 P.O. Box 27284  
 Austin, TX 78755-2284

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 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

2. Article Number (Transfer from service label)

7008 0500 0001 4882 5493

PS Form 3811, February 2004

Domestic Return Receipt ASC 102595-02-M-1540

7008 0500 0001 4882 5509

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



Sent To: Hill Investments  
 Casody Enterprises, L.L.C.  
 P.O. Box 1568  
 Cedar Park, TX 78630  
 Street, Apt. No.:  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7008 0500 0001 4882 5479

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Postage \$ \_\_\_\_\_

Certified Fee \$ \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \$ \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \$ \_\_\_\_\_

Total Postage & Fees \$ \_\_\_\_\_



Sent To: **Burton Crain**

Street, Apt. No.: **18126 Cerca Piedra**

or PO Box No. **San Antonio, TX 78259**

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:

**Burton Crain**  
18126 Cerca Piedra  
San Antonio, TX 78259

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Burton Crain*  Addressee

B. Received by (Printed Name) **BURTON CRAIN** 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

2. Article Number: **7008 0500 0001 4882 5479**

(Transfer from service label)

Domestic Return Receipt **RSC**

PS Form 3811, February 2004

**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:

**Monaghan Living Trust**  
500 W. Texas, Suite 1200  
Midland, TX 79701

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received by (Printed Name) **[Signature]** C. Date of Delivery **[Signature]**

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

2. Article Number: **7008 0500 0001 4882 5455**

(Transfer from service label)

Domestic Return Receipt **RSC**

PS Form 3811, February 2004

7008 0500 0001 4882 5455

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Postage \$ \_\_\_\_\_

Certified Fee \$ \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \$ \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \$ \_\_\_\_\_

Total Postage & Fees \$ \_\_\_\_\_



Sent To: **Monaghan Living Trust**

Street, Apt. No.: **500 W. Texas, Suite 1200**

or PO Box No. **Midland, TX 79701**

City, State, ZIP+4

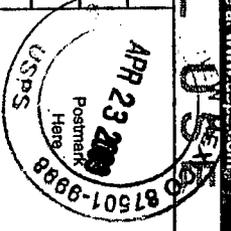
PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4882 5431

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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.: Glenn E. Houston  
1965 Cole Court  
or PO Box No.  
City, State, ZIP+4: Yuba City, CA 95993

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, 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.
- Article Addressed to:

Glenn E. Houston  
1965 Cole Court  
Yuba City, CA 95993

2. Article Number  
Transfer from service 7008 0500 0001 4882 5431  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent  
*Helen Sousa*
- B. Received by (Printed Name)  Addressee  
*Helen Sousa*
- C. Date of Delivery  Yes  
*4-28-9*
- D. Is delivery address different from item 1?  No  
If YES, enter delivery address below:

- 3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise
- 4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt *ASC*

102595-02

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired, 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.
- Article Addressed to:

Hill Trusts  
3343 Locke Avenue, #103  
Fort Worth, TX 76107

2. Article Number  
Transfer from service label 7008 0500 0001 4882 5400  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent  
*Lindy Hanna*
- B. Received by (Printed Name)  Addressee  
*Lindy Hanna*
- C. Date of Delivery  Yes  
*4/27/04*
- D. Is delivery address different from item 1?  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

Domestic Return Receipt *ASC*

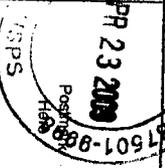
102595-02

7008 0500 0001 4882 5400

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



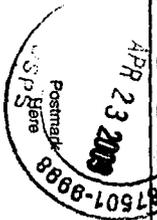
Sent To  
Street, Apt. No.: Hill Trusts  
3343 Locke Avenue, #103  
or PO Box No. Fort Worth, TX 76107  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4882 5417

U.S. Postal Service  
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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.: Chase Oil Corporation  
or PO Box No. P.O. Box 1767  
City, State, ZIP+4: Artesia, NM 88210

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:

Chase Oil Corporation  
P.O. Box 1767  
Artesia, NM 88210

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7008

0500

0001

4882

5417

Domestic Return Receipt RSC

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Donna*  
B. Recipient by (Printed Name): Donna  
C. Date of Delivery: *APR 27 2004*

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

4. Restricted Delivery? (Extra Fee)  Yes  No



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:

Cal-Mon Oil Company  
500 W. Texas, Suite 1200  
Midland, TX 79701-4281

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7008

0500

0001

4882

5424

Domestic Return Receipt RSC

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*  
B. Recipient by (Printed Name): *[Name]*  
C. Date of Delivery: *APR 23 2004*

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



7008 0500 0001 4882 5424

U.S. Postal Service  
CERTIFIED MAIL TO RECEIPT  
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OFFICIAL USE

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

Sent to  
Street Apt No.: Cal-Mon Oil Company  
or PO Box No. 500 W. Texas, Suite 1200  
City, State, ZIP+4: Midland, TX 79701-4281

PS Form 3800, August 2006

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Sent To: **Todd R. Houston**  
 Street, Apt. No.: **73109 Desert Greens**  
 or PO Box No.: **Palm Desert, CA 92260**  
 City, State, ZIP+4: **CA 92260**

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



PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4882 5448

**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:

**Todd R. Houston**  
**73109 Desert Greens**  
**Palm Desert, CA 92260**

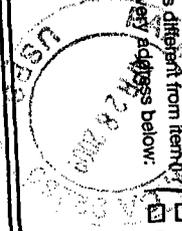
2. Article Number:

**7008 0500 0001 4882 5448**

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *T. Houston*  Agent  Addressee  
 B. Received by (Printed Name): *T. Houston*  Date of Delivery: *APR 23 2006*  
 C. Is delivery address different from item 1?  Yes  No  
 D. Is delivery address different from item 1? If YES, enter delivery address below:  Yes  No



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

102595-02-M-1540

7008 0500 0001 4882 5486

**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:

**Bobby Gleason**  
**4004 85th Place**  
**Lubbock, TX 79423**

2. Article Number:

**7008 0500 0001 4882 5486**

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Bobby Gleason*  Agent  Addressee  
 B. Received by (Printed Name): *Bobby Gleason*  Date of Delivery: *APR 23 2006*  
 C. Is delivery address different from item 1?  Yes  No  
 D. Is delivery address different from item 1? If YES, enter delivery address below:  Yes  No



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

102595-02-M-1540

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Sent To: **Bobby Gleason**  
 Street, Apt. No.: **4004 85th Place**  
 or PO Box No.: **Lubbock, TX 79423**  
 City, State, ZIP+4: **TX 79423**

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



PS Form 3800, August 2006

See Reverse for Instructions



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Track & Confirm    FAQs

# Track & Confirm

## Search Results

Label/Receipt Number: **7008 0500 0001 4882 5462**  
Status: **Unclaimed**

Track & Confirm

Enter Label/Receipt Number.

Your item was returned to the sender on May 12, 2009 because it was not claimed by the addressee.

[Go >](#)

## Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>											
OFFICIAL USE											
<table border="1" style="width: 100%;"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee (Endorsement Required)</td><td></td></tr> <tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr> <tr><td><b>Total Postage &amp; Fees</b></td><td><b>\$</b></td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<b>Total Postage &amp; Fees</b>	<b>\$</b>	
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
<b>Total Postage &amp; Fees</b>	<b>\$</b>										
<table border="1" style="width: 100%;"> <tr><td colspan="2"><b>Sent To</b></td></tr> <tr><td colspan="2" style="text-align: center;">Mary Chambers</td></tr> <tr><td colspan="2" style="text-align: center;">#2 Stone Creek</td></tr> <tr><td colspan="2" style="text-align: center;">Brownwood, TX 76801</td></tr> <tr><td colspan="2">City, State, ZIP+4</td></tr> </table>	<b>Sent To</b>		Mary Chambers		#2 Stone Creek		Brownwood, TX 76801		City, State, ZIP+4		
<b>Sent To</b>											
Mary Chambers											
#2 Stone Creek											
Brownwood, TX 76801											
City, State, ZIP+4											
PS Form 3800, August 2006    See Reverse for Instructions											

7008 0500 0001 4882 5462