

Exhibit No. 4

**JAMES BRUCE**  
ATTORNEY AT LAW

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July 29, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

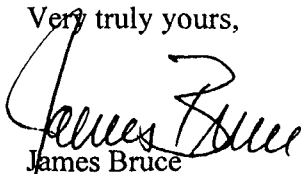
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the N $\frac{1}{2}$ S $\frac{1}{2}$  of Section 34, Township 19 South, Range 34 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 20, 2009, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the above well unit.** The well location is orthodox. As an offset operator or working interest owner, 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 13, 2009 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT

**A**

EXHIBIT

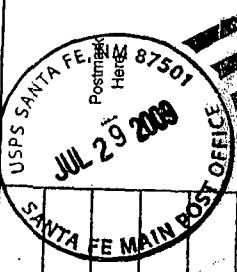
A

Providence Minerals, LLC  
Suite 209  
14860 Montfort Drive  
Dallas, Texas 75254

Read & Stevens, Inc.  
P.O. Box 1518  
Roswell, New Mexico 88202

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 Roswell, New Mexico 88202

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.
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1. Article Addressed to:

Providence Minerals, LLC  
 Suite 209  
 14860 Montfort Drive  
 Dallas, Texas 75254

2. Article Number

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Domestic Return Receipt *Cx* *M 34-16*

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) *[Signature]* Date of Delivery *7/1/09*  
 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.

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 P.O. Box 1518  
 Roswell, New Mexico 88202

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7008 0500 0001 4439 5174

Domestic Return Receipt *Cx* *M 34-16*

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) *[Signature]* Date of Delivery *7-31-09*  
 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

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Sent To  
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 City, State, Zip+4

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