

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

APPLICATION OF PRIDE ENERGY COMPANY
FOR COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.

Case No. 14,384

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 Pride Energy Company.
3. Pride Energy Company 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 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 16th day of September, 2009 by
James Bruce.

My Commission Expires: 3/14/13


Notary Public



Oil Conservation Division
Case No. 14,384
Exhibit No. 1

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

August 27, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

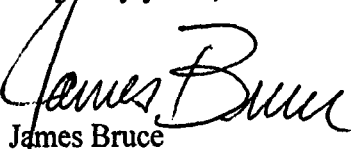
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Pride Energy Co., regarding the SE¼ of Section 19, Township 16 South, Range 36 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 17, 2009, in Porter Hall 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, September 10, 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 Pride Energy Co.

EXHIBIT

A

EXHIBIT A

Moore Trust
Moore Family Trust
P.O. Box 51570
Midland, Texas 79710

Moore Trust
Moore Family Trust
P.O. Box 94077
Southlake, Texas 76092

Michael Harrison Moore 2006 Trust
P.O. Box 51570
Midland, Texas 79710

Richard Lyons Moore 2006 Trust
1150 North Carroll Avenue
Southlake, Texas 76092

Estate of June D. Speight
c/o Sproles Woodward, LLP
Attention: Bob Duke
Suite 3250
777 Main Street
Fort Worth, Texas 76102

Mercantile Trading Corporation
Suite 102
1501 Dragon Street
Dallas, Texas 75207

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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.
 P.O. Box No.
 City, State, ZIP+4

Moore Trust
 Moore Family Trust
 P.O. Box 51570
 Midland, Texas 79710

PS Form 3800, August 2006 See Reverse for Instructions

4016 4222 0000 0322 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:

Moore Trust
 Moore Family Trust
 P.O. Box 51570
 Midland, Texas 79710

2. Article Number (Transfer from service label) 7008 3230 0000 2324 9104

PS Form 3811, February 2004 Domestic Return Receipt *Prick*

PS Form 3800, August 2006 102595-02-M-1540

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

Sent to
 Street Apt. No.
 P.O. Box No.
 City, State, ZIP+4

Moore Trust
 Moore Family Trust
 P.O. Box 94077
 Southlake, Texas 76092

PS Form 3800, August 2006 See Reverse for Instructions

4016 4222 0000 0322 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:

Moore Trust
 Moore Family Trust
 P.O. Box 94077
 Southlake, Texas 76092

2. Article Number (Transfer from service label) 7008 3230 0000 2324 9098

PS Form 3811, February 2004 Domestic Return Receipt *Prick*

PS Form 3800, August 2006 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 ☐ 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

U.S. POSTAL SERVICE
 AUG 27 2009
 SANTA FE, NM 87501
 POST OFFICE

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:

Richard Lyons Moore 2006 Trust
1150 North Carroll Avenue
Southlake, Texas 76092

2. Article Number

(Transfer from service label)

7008 3230 0000 2324 6691

PS Form 3811, February 2004

Domestic Return Receipt

Article

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Richard Lyons Moore* C. Date of Delivery *8-24-04*
- 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

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Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To

Richard Lyons Moore 2006 Trust
1150 North Carroll Avenue
Southlake, Texas 76092

City, State, Zip+4

PS Form 3800, August 2006

See Reverse for Instructions

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Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To

Michael Harrison Moore 2006 Trust
P.O. Box 51570
Midland, Texas 79710

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.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael Harrison Moore 2006 Trust
P.O. Box 51570
Midland, Texas 79710

2. Article Number

(Transfer from service label)

7008 3230 0000 2324 6691

PS Form 3811, February 2004

Domestic Return Receipt

Article

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Michael Harrison Moore* C. Date of Delivery *8-24-04*
- 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

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:

Estate of June D. Spreight
c/o Sprakes Woodward, LLP
Attention: Bob Duke
Suite 3250
777 Main Street
Fort Worth, Texas 76102

2. Article Number
(Transfer from service label)

7008 3230 0000 2324 6707

PS Form 3811, February 2004

Domestic Return Receipt *Price*

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *[Signature]* ☐ Date of Delivery *8/2/09*
- 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

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OFFICIAL USE

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

Sent To Mercantile Trading Corporation
Suite 102
Street, Apt. No., 1301 Dragon Street
or PO Box No. Dallas, Texas 75207
City, State, ZIP+4

PS Form 3800, August 2005

See Reverse for Instructions

7008 3230 0000 0022 8002

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OFFICIAL USE

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

Sent To Estate of June D. Spreight
c/o Sprakes Woodward, LLP
Attention: Bob Duke
Suite 3250
777 Main Street
Fort Worth, Texas 76102
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:

Mercantile Trading Corporation
Suite 102
1301 Dragon Street
Dallas, Texas 75207

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *[Signature]* ☐ Date of Delivery *8/3/09*
- 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

2. Article Number
(Transfer from service label)

7008 3230 0000 2324 6714

PS Form 3811, February 2004

Domestic Return Receipt *Price*

102595-02-M-1540

7008 3230 0000 2324 6707