

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

APPLICATION OF CIMAREX ENERGY CO. FOR
A NON-STANDARD OIL SPACING AND PRORATION
UNIT AND COMPULSORY POOLING, CHAVES COUNTY,
NEW MEXICO.

Case No. 14,444

AFFIDAVIT OF NOTICE

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

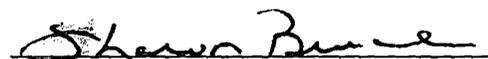
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co.
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 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 March, 2010 by James Bruce.

My Commission Expires: 3/14/13


Notary Public

Oil Conservation Division
Case No. 3
Exhibit No. 3

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

February 24, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and a non-standard spacing and proration unit, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the S½S½ of Section 19, Township 15 South, Range 31 East, N.M.P.M., Chaves County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, March 18, 2010, 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, March 11, 2010. 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 Cimarex Energy Co.

EXHIBIT

A

EXHIBIT A

Wayne Bissett
P.O. Box 2101
Midland, Texas 79702

Mitchell Minerals, LLC
P.O. Box 488
Henryetta, Oklahoma 74437

Sigyn Lund
1052 Montgomery Road
Altamonte Springs, Florida 32714

Clare Lundbeck Fraser
133 East 64th Street
New York, New York 10021

Don Kidwell
4208 Fairwood Drive
Midland, Texas 79707

Douglas C. Koch
P.O. Box 540244
Houston, Texas 77254

Trustees of the Estate Peter L. Shea
Trustees of the Peter L. Shea Trust
Edwina S. Brokaw Millington
c/o John Walsh
Bryan Cave, LLP
Suite 3501
290 Avenue of the Americas
New York, New York 10104

Helene Singer
Heirs of Herman Singer
P.O. Box 1883
Santa Fe, New Mexico 87504

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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., or PO Box No. Clare Lundbeck Fraser
133 East 64th Street
City, State, ZIP+4 New York, New York 10021

PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0002 8539 1933

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:
Sigyn Lund
1052 Montgomery Road
Altamonte Springs, Florida 32714

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed Addressee
X *[Signature]*

B. Received by (Printed Name) *Dany Pierce* C. Date of Delivery *2-27-10*

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

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

2. Article Number (Transfer from service label) **7009 2820 0002 8539 1947**
Domestic Return Receipt *CR*

PS Form 3811, February 2004 102595-02-M-1540

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

Sent To
Street, Apt. No., or PO Box No. Sigyn Lund
1052 Montgomery Road
City, State, ZIP+4 Altamonte Springs, Florida 32714

PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0002 8539 1947

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:
Clare Lundbeck Fraser
133 East 64th Street
New York, New York 10021

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed Addressee
X *[Signature]*

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *2-27*

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

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

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label) **7009 2820 0002 8539 1930**
Domestic Return Receipt *CR*

PS Form 3811, February 2004 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:

Douglas C. Koch
P.O. Box 540244
Houston, Texas 77254

2. Article Number
(Transfer from service label)

7009 2820 0002 8539 1916

PS Form 3811, February 2004

Domestic Return Receipt **CHZ**

102595-02-M-15-40

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Douglas C. Koch*

B. Received by (Printed Name) Date of Delivery
Douglas C. Koch **02/21/04**

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 No

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

Total Postage & Fees \$

Sent To Helene Singer
Heirs of Herman Singer
P.O. Box 1883
Santa Fe, New Mexico 87504

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

PS Form 3800, August 2005

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 Douglas C. Koch
P.O. Box 540244
Houston, Texas 77254

Street, Apt. No., or PO Box No.
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:

Helene Singer
Heirs of Herman Singer
P.O. Box 1883
Santa Fe, New Mexico 87504

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Helene Singer*

B. Received by (Printed Name) Date of Delivery
HELENE SINGER **02/25/2010**

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

7009 2820 0002 8539 2050

Domestic Return Receipt **CHZ**

102595-02-M-15-40

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:

Mitchell Minerals, LLC
P.O. Box 488
Henryetta, Oklahoma 74437

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7009 2820 0002 8539 1954

Domestic Return Receipt

CA HZ

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Wayne Bissett

B. Received by (Printed Name)
Wayne Bissett

C. Date of Delivery
01 2010

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

7009 2820 0002 8539 1954

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

Sent to
Wayne Bissett
Street, Apt. No.: P.O. Box 2101
or PO Box No. 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:

Wayne Bissett
P.O. Box 2101
Midland, Texas 79702

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7009 2820 0002 8539 1961

Domestic Return Receipt

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

Sent to
Mitchell Minerals, LLC
Street, Apt. No.: P.O. Box 488
or PO Box No. P.O. Box 488
City, State, ZIP+4: Henryetta, Oklahoma 74437

PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0002 8539 1954

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Wayne Bissett

B. Received by (Printed Name)
Wayne Bissett

C. Date of Delivery
01 2010

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

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:

Don Kidwell
4208 Fairwood Drive
Midland, Texas 79707

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Don Kidwell

B. Received by: (Printed Name) Date of Delivery
Don Kidwell

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

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

4. Restricted Delivery? (Extra Fee) Yes No

7009 2820 0002 8539 1923

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

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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: Don Kidwell
4208 Fairwood Drive
Midland, Texas 79707

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

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Track & Confirm

Search Results

Label/Receipt Number: 7009 2820 0002 8539 1909
Service(s): **Certified Mail™**
Status: **Delivered**

Track & Confirm

Enter Label/Receipt Number.

Your item was delivered at 5:49 AM on March 3, 2010 in NEW YORK, NY 10019.

[Go >](#)

Detailed Results:

- **Delivered, March 03, 2010, 5:49 am, NEW YORK, NY 10019**
- **Forwarded, February 27, 2010, 10:15 am, NEW YORK, NY**
- **Undeliverable as Addressed, February 27, 2010, 10:14 am, NEW YORK, NY 10014**
- **Arrival at Unit, February 27, 2010, 6:57 am, NEW YORK, NY 10014**

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

Restricted Delivery (Endorsement Required): Trustees of the Estate Peter L. Shea
Trustees of the Peter L. Shea Trust
Edwina S. Brokaw Millington
c/o John Walsh
Bryan Cave, LLP
Suite 3501
290 Avenue of the Americas
New York, New York 10104

Total Postage & Fees: _____

Sent To: _____
Street, Apt. No., or PO Box No.: _____
City, State, ZIP+4: _____

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Postmark Here: FEB 24 2010 SANTA FE, NM