

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. 14,408

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. 7
Exhibit No. 7

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)

jamesbruce@aol.com

November 24, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

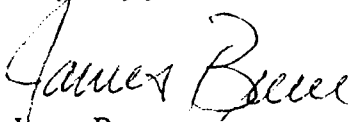
Ladies and gentlemen:

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 20, 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, December 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, December 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 Cimarex Energy Co.

EXHIBIT A

EXHIBIT A

Allie M. Lee Trust
c/o Wells Fargo Bank, N.A.
580 West Texas Avenue
Midland, Texas 79701

Attention: Myra Wiggins

Occidental Permian Limited Partnership
Suite 110
5 Greenway Plaza
Houston, Texas 77046

Attention: Robbie Abraham

B.P. Exploration, Inc.
c/o BP America Production Company
WL-1 6.110
501 Westlake Park Boulevard
Houston, Texas 77079

Attention: Don Thompson

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 3, & 4. 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:

Allie M. Lee Trust
c/o Wells Fargo Bank, N.A.
580 West Texas Avenue
Midland, Texas 79701

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 3230 0000 2324 8664

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

VF-1

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

Allie M. Lee Trust
c/o Wells Fargo Bank, N.A.
580 West Texas Avenue
Midland, Texas 79701

PS Form 3800, August 2006

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X [Signature]*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Los. Ann. Adams

C. Date of Delivery

11-30-09

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 3, & 4. 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:

Occidental Permian Limited Partnership
Suite 110
5 Greenway Plaza
Houston, Texas 77046

2. Article Number

(Transfer from service label)

7008 3230 0000 2324 8664

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

VF-1

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

Occidental Permian Limited Partnership
Suite 110
5 Greenway Plaza
Houston, Texas 77046
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X [Signature]*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Charles F. [Signature]

C. Date of Delivery

11-30-09

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ C.O.D.

☐ Express Mail

☐ Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee)

☐ Yes

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)

jamesbruce@aol.com

December 31, 2009

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 20, 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, January 21, 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, January 14, 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

Shriners Hospital for Crippled Children
2900 Rocky Point Drive
Tampa, Florida 33607
Attention: Tom Guthrie

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:

Shriners Hospital for Crippled Children
2900 Rocky Point Drive
Tampa, Florida 33607

2. Article Number
(Transfer from service label)

7008 3230 0000 2318 7888

PS Form 3811, February 2004

Domestic Return Receipt

102-960-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

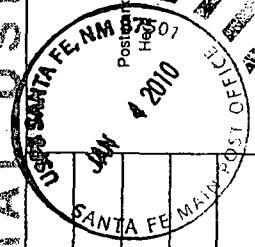
3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal 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

Shriners Hospital for Crippled Children
or PO Box No. 2900 Rocky Point Drive
City, State, ZIP+4 Tampa, Florida 33607

PS Form 3800, August 2006

See Reverse for Instructions