

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. 14,407

AFFIDAVIT OF NOTICE

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

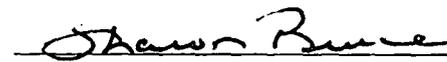
James Bruce, being duly sworn upon his oath, deposes and states:

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 17th day of March, 2010 by James Bruce.

My Commission Expires: 3/14/13


Notary Public

Oil Conservation Division
Case No. _____
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

November 24, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

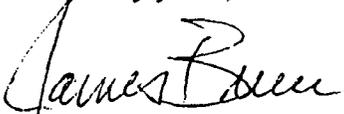
Ladies and gentlemen:

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 N½S½ 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

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

Attention: Don Thompson

Anadarko Petroleum Corporation
P.O. Box 1330
Houston, Texas 77251

Attention: David Ward

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

Mitchell Minerals, LLC
RR2 Box 10A
Haskell, Oklahoma 74436

Sigyn Lund
1052 Montgomery Road
Altamonte Springs, Florida 32714

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

Don Kidwell
2305 Metz Place
Midland, Texas 79705

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

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

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.
- Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label) 7008 3230 0000 2324 8565

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

CVL

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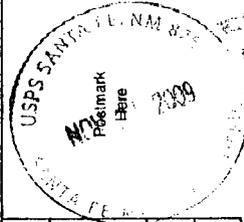
OFFICIAL USE

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

Sent To Wayne Bissett
P.O. Box 2101
Midland, Texas 79702
Street, Apt. No., or P.O. Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 3, and 4. Also complete item 5 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.
80 West Texas Avenue
Midland, Texas 79701

2. Article Number (Transfer from service label) 7008 3230 0000 2324 8534

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

CVL

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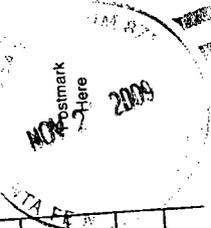
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OFFICIAL USE

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.
80 West Texas Avenue
Midland, Texas 79701
Street, Apt. No., or P.O. Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



COMPLETE THIS SECTION ON DELIVERY

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Date of Delivery
- C. Is delivery address different from item 1? Yes No
- D. 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 3230 0000 2324 8534

Domestic Return Receipt

102595-02-M-1540

CVL

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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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 2324 8619



SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Anadarko Petroleum Corporation
P.O. Box 1330
Houston, Texas 77251

2. Article Number (Transfer from service label)
7008 3230 0000 2324 8619

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

Article Number 7008 3230 0000 2324 8619
Transfer from service label

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-MF-1546

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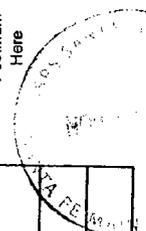
Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

Sent To
Anadarko Petroleum Corporation
P.O. Box 1330
Houston, Texas 77251

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

8558 2424 2324 0000 2324 8619



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 Addressee
 Agent

B. Received by *Jesse Giff* C. Date of Delivery
 NOV 30 2009

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

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

Article Number 7008 3230 0000 2324 8658
 Domestic Return Receipt 102585-02-MF-1540

COMPLETE THIS SECTION

1. Article Addressed to:
Anadarko Petroleum Corporation
P.O. Box 1330
Houston, Texas 77251

2. Article Number (Transfer from service label)
7008 3230 0000 2324 8658

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

Article Number 7008 3230 0000 2324 8658
 Domestic Return Receipt 102585-02-MF-1540

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-MF-1540

CX VFL

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 3, and 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:

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

3. Service Type
- Certified Mail
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise
 - C.O.D.
4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label) **7008 3230 0000 2324 854J**

PS Form 3811, February 2004 Domestic Return Receipt **VF** 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
Clare Lundbecke Fraser
- B. Received by (Printed Name) **Fraser** C. Date of Delivery **1/2/09**
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

1. Article Addressed to:

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

2. Article Number (Transfer from service label) **7008 3230 0000 2324 8596**

PS Form 3811, February 2004 Domestic Return Receipt **VF** 102595-02-M-1540

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Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & F. **Clare Lundbecke Fraser**
133 East 64th Street
New York, New York 10021

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

PS Form 3800, August 2006 See Reverse for Instructions

9658 2222 0000 3230 0000 2324 8596

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT
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OFFICIAL USE

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

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

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

PS Form 3800, August 2006 See Reverse for Instructions

7458 4222 0000 3230 0000 2324 8596

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 Lundbecke Fraser
133 East 64th Street
New York, New York 10021

2. Article Number (Transfer from service label) **7008 3230 0000 2324 8596**

PS Form 3811, February 2004 Domestic Return Receipt **VF** 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
Clare Lundbecke Fraser
- B. Received by (Printed Name) **Fraser** C. Date of Delivery **1/2/09**
- 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 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:

Mitchell Minerals, LLC
RR2 Box 10A
Haskell, Oklahoma 74436

2. Article Number
(Transfer from service label)

7006 3230 0000 2324 8572

PS Form 3811, February 2004

Domestic Return Receipt *CX VF*

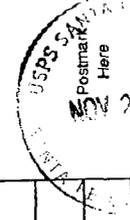
102595-02-M-1540

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



Sent To Mitchell Minerals, LLC
RR2 Box 10A
Haskell, Oklahoma 74436

PS Form 3800, August 2006

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *1-27-09*

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

7006 3230 0000 2324 8572

Domestic Return Receipt *CX VF*

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 Sigyn Lund
1052 Montgomery Road
Altamonte Springs, Florida 32714

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:

Sigyn Lund
1052 Montgomery Road
Altamonte Springs, Florida 32714

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *11-27*

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

7006 3230 0000 2324 8589

Domestic Return Receipt *CX VF*

102595-02-M-1540

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 N½S½ 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

Don Kidwell
4208 Fairwood Drive
Midland, Texas 79707

Headington Royalty Inc.
Suite 1100
7557 Rambler Road
Dallas, Texas 75231

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

■ Complete items 1, 2, J.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.

Don Kidwell
 4208 Fairwood Drive
 Midland, Texas 79707

2. Article Number (Transfer from service label) **7008 3230 0000 2319 2288**

PS Form 3811, February 2004 Domestic Return Receipt **Cx VF-2**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Don Kidwell Address

B. Received by (Printed Name) Date of Delivery
Salie Kidwell 1-11-10

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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

2222 6782 0000 0222 8002

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OFFICIAL USE

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

Sent to
 Don Kidwell
 Street, Apt. No., or PO Box No. 4208 Fairwood Drive
 City, State, ZIP+4 Midland, Texas 79707

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, J.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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Don Brown Address

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

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

8022 6782 0000 0222 8002

2. Article Number (Transfer from service label) **7008 3230 0000 2319 2271**

PS Form 3811, February 2004 Domestic Return Receipt **Cx VF-2**

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, & 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:

Headington Royalty Inc.
Suite 1100
7557 Rambler Road
Dallas, Texas 75231

COMPLETE THIS SECTION ON DELIVERY

Signature: *Lori Fields*
 B. Received by (Printed Name): **LORI FIELDS**
 C. Date of Delivery: **1-6-10**

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

2. Article Number (Transfer from service label) **7006 3230 0000 2319 2295**

PS Form 3811, February 2004 Domestic Return Receipt *CVL* 102595-02-M-1540

7006 3230 0000 2319 2295

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

Sent To: **Headington Royalty Inc.**
 Suite 1100
 Street, Apt. No.: **7557 Rambler Road**
 or PO Box No. **Dallas, Texas 75231**
 City, State, ZIP+4

Postmark Here

PS Form 3800, August 2006 See Reverse for Instructions

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

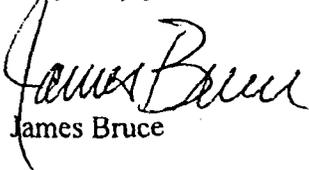
Ladies and gentlemen:

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Very truly yours,


James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT A

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



[Home](#) | [Help](#) | [Sign In](#)

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Track & Confirm

Search Results

Label/Receipt Number: 7009 2820 0002 8539 3309
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.

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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

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

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Sent To: 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

Postmark Here: SANTA FE, NM 37715 MAR 24 2010

PS Form 3800, August 2006 See Reverse for Instructions