

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF LEEDE OPERATING COMPANY,
L.L.C. FOR COMPULSORY POOLING, LEA
COUNTY, NEW MEXICO.

Case No. 13,171

AFFIDAVIT REGARDING NOTICE

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

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

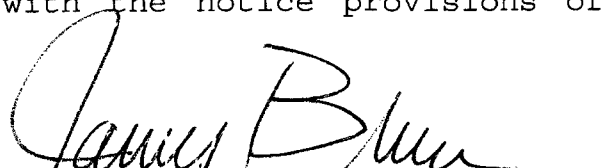
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

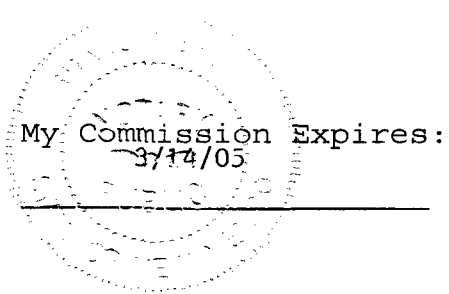
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

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 Rule 1207.


James Bruce

SUBSCRIBED AND SWORN TO before me this 16th day of December, 2003, by James Bruce.




Notary Public

OIL CONSERVATION DIVISION

CASE NUMBER _____

EXHIBIT 5

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) 982-2151 (FAX)

jamesbruc@aol.com

October 1, 2003

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

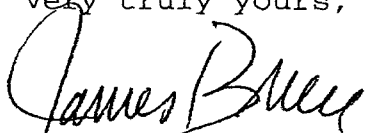
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Leede Operating Company, L.L.C., regarding a well in the NW $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 7, Township 19 South, Range 39 East, NMPM, Lea County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, October 23, 2003 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, October 17, 2003, if you intend to enter an appearance and participate in the case.

Very truly yours,



James Bruce

Attorney for Leede Operating Company, L.L.C.

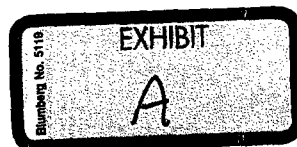


EXHIBIT A

Robert Dieken
76 Stacy Avenue
Streator, Illinois 61364

Doug Dieken
c/o Robert Dieken
76 Stacy Avenue
Streator, Illinois 61364

Howard Payne
c/o Bruce Payne
Suite 600
1 Dearborn Square
Kankakee, Illinois 60901

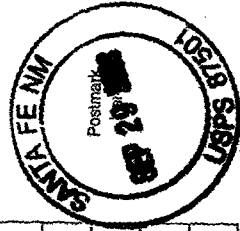
**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage is provided)
For delivery information visit our website at www.usps.com.

OFFICIAL USE

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

Sent To
Howard Payne
c/o Bruce Payne
Suite 600
1 Dearborn Square
Kankakee, Illinois 60901

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



PS Form 3800, June 2002 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:

Robert Dieken
76 Stacy Avenue
Sreator, Illinois 61364

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Robert Dieken C. Date of Delivery SEP 29 2001

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

7003 1010 0003 6980 6237

Domestic Return Receipt

102505-02-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:

Howard Payne
c/o Bruce Payne
Suite 600
1 Dearborn Square
Kankakee, Illinois 60901

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Robert Dieken C. Date of Delivery SEP 29 2001

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)

7003 1010 0003 6980 6237

PS Form 3811, August 2001

Domestic Return Receipt

102505-02-M-1540

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

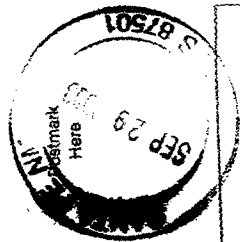
For delivery information visit our website at www.usps.com.

OFFICIAL USE

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

Sent To
Robert Dieken
76 Stacy Avenue
Sreator, Illinois 61364

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



PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

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:

Doug Dieken
c/o Robert Dieken
76 Stacy Avenue
Streator, Illinois 61364

A. Signature  ☐ Agent ☐ Addressee

B. Received by (Printed Name) X C. Date of Delivery 10-4-07

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)

7003 1010 0003 6980 6220

Domestic Return Receipt

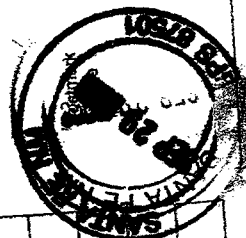
PS Form 3811, August 2001

102505-02-M-1240

U.S. Postal Service[®] RECEIPT

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 Doug Dieken
c/o Robert Dieken
Street, Apt. No.: 76 Stacy Avenue
or PO Box No. Streator, Illinois 61364
City, State, Zip+4

See Reverse for Instructions

PS Form 3800, June 2002