

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, LEA COUNTY,  
NEW MEXICO.

Case No. 14,467

AFFIDAVIT OF NOTICE

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

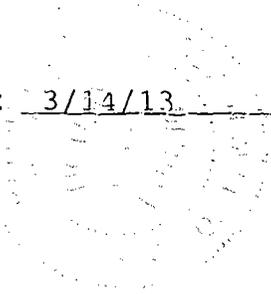
James Bruce, being duly sworn upon his oath, deposes and states:

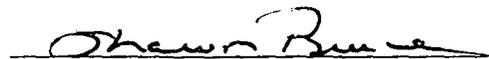
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the operators or working 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.

  
\_\_\_\_\_  
James Bruce

SUBSCRIBED AND SWORN TO before me this 8<sup>th</sup> day of May, 2010 by James Bruce.

My Commission Expires: 3/14/13 \_\_\_\_\_



  
\_\_\_\_\_  
Notary Public

Oil Conservation Division  
Case No. \_\_\_\_\_  
Exhibit No. 4

**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](mailto:jamesbruc@aol.com)

April 8, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

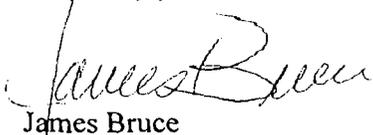
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, *etc.*, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the N $\frac{1}{2}$ S $\frac{1}{2}$  of Section 35, Township 19 South, Range 34 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 29, 2010, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. **The Division requires applicant to notify offset operators or working interest owners of the non-standard unit portion of the application, and you offset the above well unit.** As an offset operator or working interest owner, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, April 22, 2010 if you intend to participate in the hearing.

Very truly yours,

  
James Bruce

Attorney for Cimarex Energy Co.

EXHIBIT

A

EXHIBIT A

Rubicon Oil & Gas II, LP  
Suite 500  
508 West Wall  
Midland, Texas 79701

Western Equipment Co.  
P.O. Box 5457  
Midland, Texas 79704

Tipton & Denton  
Suite 1070, LB70  
3710 Rawlins  
Dallas, Texas 75219

**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:

Tipton & Denton  
Suite 1070, LB70  
3710 Rawlins  
Dallas, Texas 75219

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Randy King*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Randy King* *1/12/2010*

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

2. Article Number (Transfer from service label) **7009 2820 0002 8539 2265**  
 PS Form 3811, February 2004 Domestic Return Receipt **35-5A** 102595-02-M-1540

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance; Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent To: Tipton & Denton  
 Suite 1070, LB70  
 Street Apt. No.: 3710 Rawlins  
 or PO Box No. Dallas, Texas 75219  
 City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

7009 2820 0002 8539 2265

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance; Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	\$0.61	0500
Certified Fee		\$2.80	03
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.71	04/09/2010

Sent To: Rubicon Oil & Gas II, LP  
 Suite 500  
 Street Apt. No.: 508 West Wall  
 or PO Box No. Midland, Texas 79701  
 City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

9532 6122 0000 0000 0000

**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:

Rubicon Oil & Gas II, LP  
 Suite 500  
 508 West Wall  
 Midland, Texas 79701

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Randy King*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Randy King* *1/12/2010*

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

2. Article Number (Transfer from service label) **7008 3230 0000 2319 2356**  
 PS Form 3811, February 2004 Domestic Return Receipt **35-5A** 102595-02-M-1540

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

*(Domestic Mail Only - No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7008 3230 0000 2319 2349

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

Postmark  
Here

Sent To: Western Equipment Co.  
 Street Apt. No.: P.O. Box 5457  
 or PO Box No: Midland, Texas 79704  
 City, State, ZIP+4: \_\_\_\_\_

PS Form 3800, August 2005 See Reverse for Instructions

**CERTIFIED MAIL**

James Bruce  
 P.O. Box 1056  
 Santa Fe, New Mexico 87504

7008 3230 0000 2319 2349

Western Equipment Co.  
 P.O. Box 5457  
 Midland, Texas 79704

*Handwritten initials*

RECEIVED  
 2 APR 2010 PM



*Handwritten number 4-15*

*Handwritten numbers 4-21, 5-14*

FWD

