

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

APPLICATION OF OGX RESOURCES LLC
FOR APPROVAL OF A NON-STANDARD OIL
SPACING AND PRORATION UNIT AND
COMPULSORY POOLING, EDDY COUNTY,
NEW MEXICO.

Case No. 14,550

AFFIDAVIT OF NOTICE

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

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

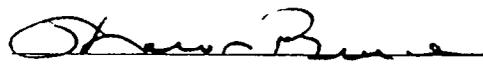
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for OGX Resources LLC.
3. OGX Resources LLC has conducted a good faith, diligent effort to find the names and correct addresses of the offset interest owners entitled to receive notice of the application 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 1.
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 28th day of September, 2010 by James Bruce.

My Commission Expires: 3/14/13



Notary Public

Oil Conservation Division
Case No. _____
Exhibit No. 6

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

September 9, 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 OGX Resources LLC, regarding the S½N½ of Section 25, Township 24 South, Range 28 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 30, 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 lessee, 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, September 23, 2010 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT 1

EXHIBIT A

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

Chi Energy, Inc.
P.O. Box 1799
Midland, Texas 79702

Levi Oil & Gas
P.O. Box 568
Artesia, New Mexico 88211

NGX Company
P.O. Box 1834
Roswell, New Mexico 88202

Nearburg Producing Company
Building 2, Suite 120
3300 North "A" Street
Midland, Texas 79705

Murchison Oil & Gas, Inc.
1100 Mira Vista Boulevard
Plano, Texas 75093

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:

Murchison Oil & Gas, Inc.
1100 Mira Vista Boulevard
Plano, Texas 75093

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 7008 0500 0001 4591 7061
 (Transfer from service label)

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

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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.: Murchison Oil & Gas, Inc.
 or PO Box No.: 1100 Mira Vista Boulevard
 City, State, ZIP+4: Plano, Texas 75093

PS Form 3800, August 2006 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
 B. Received by (Printed Name) CRONIN
 C. Date of Delivery 9-13-10
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

NGX Company
 P.O. Box 1834
 Roswell, New Mexico 88202

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 7008 0500 0001 4591 7047
 (Transfer from service label)

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

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1. Article Addressed to:

NGX Company
 P.O. Box 1834
 Roswell, New Mexico 88202

2. Article Number 7008 0500 0001 4591 7047
 (Transfer from service label)

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

Sent To
 Street, Apt. No.: NGX Company
 or PO Box No.: P.O. Box 1834
 City, State, ZIP+4: Roswell, New Mexico 88202

PS Form 3800, August 2006 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
 B. Received by (Printed Name) X. Cronin
 C. Date of Delivery 9-13-10
 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

2. Article Number 7008 0500 0001 4591 7047
 (Transfer from service label)

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7008 0500 0001 4591 7047

7008 0500 0001 4591 7047

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- 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:

Nearburg Producing Company
 Building 2, Suite 120
 3300 North "A" Street
 Midland, Texas 79705

2. Article Number
 (Transfer from service label) 7008 0500 0001 4591 7054

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102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X [Signature]

B. Received by (Printed Name) *S Jordan*

C. Date of Delivery *9/13/10*

D. Is delivery address different from item 1? Yes No

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

4. Restricted Delivery? (Extra Fee) Yes No

0202 7654 7000 0050 8002

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Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent to Levi Oil & Gas
 P.O. Box 568
 Artesia, New Mexico 88211

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

PS Form 3800, August 2006 See Reverse for Instructions

Postmark Here

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Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent to Nearburg Producing Company
 Building 2, Suite 120
 3300 North "A" Street
 Midland, Texas 79705

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

PS Form 3800, August 2006 See Reverse for Instructions

454 7654 7000 0050 8002

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:

Levi Oil & Gas
 P.O. Box 568
 Artesia, New Mexico 88211

2. Article Number
 (Transfer from service label) 7008 0500 0001 4591 7030

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102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X [Signature]

B. Received by (Printed Name) *Levi Oil & Gas*

C. Date of Delivery *9/14/2010*

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



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:

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: B. Bell Agent Addressee
- B. Received by: B. Bell Date of Delivery: 9/13/10
- 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

2. Article Number

(Transfer from service label)

7008 0500 0001 4591 6965

PS Form 3811, February 2004

Domestic Return Receipt

OGX

102595-02-M-1540

2269 7654 1000 0000 0050 8002

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

Postmark Here

Sent To

Chi Energy, Inc.
P.O. Box 1799
Midland, Texas 79702
City, State, Zip+4

PS Form 3800, August 2005

See Reverse for Instructions

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

Postmark Here

EOG Resources, Inc.
P.O. Box 2267
Midland, Texas 79702
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:

Chi Energy, Inc.
P.O. Box 1799
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

- A. Signature: B. Makowsky Agent Addressee
- B. Received by: B. Makowsky Date of Delivery: 9-14-10
- 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

2. Article Number

(Transfer from service label)

7008 0500 0001 4591 6972

PS Form 3811, February 2004

Domestic Return Receipt

OGX

102595-02-M-1540