

**IN THE MATTER OF THE  
APPLICATION OF RSC RESOURCES LIMITED  
PARTNERSHIP FOR COMPULSORY  
POOLING, NON-STANDARD SPACING AND  
PRORATION UNIT, AND UNORTHODOX LOCATION  
EDDY COUNTY, NEW MEXICO.**

STATE OF NEW MEXICO }  
COUNTY OF SANTA FE } ss

  
ERNEST L. PADILLA

James B. Gillespie  
Notary Public

5-11-2013  
JOANN B. GALLEGOS  
NOTARY  
PUBLIC  
STATE OF NEW MEXICO

OCD Case# 14542  
RSC Resources  
Sept. 16, 2010  
Ex# 9

**EXHIBIT A**  
**Notice List**

**NMOCD Case# 14542 Lonesome Wolf 35 Federal Com 2H**

C.F.M. Oil Co.  
PO Box 1176  
Attn: Louis Fulton  
Artesia, NM 88210

Devon Energy Production Co.  
20 N. Broadway Blvd  
Oklahoma, City, OK 73102-8260

Chevron USA Production Co.  
11111 South Wilcrest Drive  
Attn: James Baca  
Houston, TX 77099-4310

Cimarex Energy Corp.  
600 N. Marienfeld, Ste 600  
Midland, TX 79701

COG Operating, LLC  
550 W. Texas Avenue, Ste 1300  
Midland, TX 79701

ConocoPhillips Company  
PO Box 2197  
Attn: Tom Scarbrough  
Houston, TX 77252

Murchison Oil and Gas  
1100 Mira Vista Blvd.  
Piano, TX 75093-4698

Rubicon Oil and Gas  
508 W. Wall Street  
Midland, TX 79701

7010 0780 0001 9559 2262

CERTIFIED MAIL RECEIPT	
OFFICIAL USE	
Postage	\$ 66
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.90
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71
Postmark Here	
Sent To: C.F.M. Oil Co. Attn: Louis Fulton	
Street, Apt. No., or PO Box No. PO BOX 1176	
City, State, ZIP+4 Artesia, NM 88210	

**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:

C.F.M. Oil Co.  
P.O. Box 1176  
Artesia, New Mexico 88210  
ATTN: Mr. Louis Fulton

2. Article Number  
(Transfer from service label)

7010 0780 0001 9559 2262

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent ☒ Addressee  
*Louis Fulton*
- B. Received by (Printed Name) *Louis Fulton*
- C. Date of Delivery
- 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

7010 0780 0001 9556 1000 0820 0107

U.S. POSTAL SERVICE  
CERTIFIED MAIL RECEIPT  
Domestic Mail Only (First-Class, Priority Mail, Registered Mail)

OFFICIAL USE

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

Postmark  
Here

Sent To	Devon Energy Prod. Co.
Street, Apt. No., or P.O. Box No.	20 N. Broadway Blvd
City, State, ZIP	Oklahoma, OK 73102-8240

7010 0780 0001 9559 2255

U.S. POSTAGE CERTIFIED MAIL PERMIT NO. 1000 U.S. POSTAL SERVICE	
OFFICIAL USE	
Postage	\$ .61
Certified Fee	7.50
Return Receipt Fee (Endorsement Required)	2.90
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.01
Postmark Here	
Sent to: <i>Mr. James Baca</i>	
Chevron USA Prod. Co.	
Street, Apt. No., or PO Box No. 11111 South Wilcrest Dr.	
City, State, ZIP+4® Houston, TX 77099-4310	

**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:

Chevron USA Production Company  
11111 South Wilcrest Drive  
Houston, TX 77099-4310  
ATTN: Mr. James Baca

2. Article Number  
(Transfer from service label)

7010 0780 0001 9559 2255

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *M Roman*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*M Roman*

C. Date of Delivery

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# U.S. Postal Service™ Delivery Confirmation™ Receipt

Postage and Delivery Confirmation fees must be paid before mailing.

Article Sent To: (to be completed by mailer)

Cimarex Energy Corp.  
600 N. Marienfeld, Suite 600  
Midland, TX 79701

DELIVERY CONFIRMATION NUMBER:  
6449 0060 3220 0001 8930 6449

Postmark  
Here

## POSTAL CUSTOMER:

Keep this receipt. For Inquiries:  
Access internet web site at  
[www.usps.com](http://www.usps.com)®  
or call 1-800-222-1811

## CHECK ONE (POSTAL USE ONLY)

- ☐ Priority Mail™ Service  
☐ First-Class Mail® parcel  
☐ Package Services parcel

(See Reverse)

PS Form 152, May 2002

## 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:

Cimarex Energy Corp.  
600 N. Marienfeld, Suite 600  
Midland, TX 79701

2. Article Number

(Transfer from service label)

0309 3220 0001 8930 6449

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

*Sadil Garcia* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*Sadil Garcia* 8-26-10

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-3040

7010 0780 0001 9559 2279

OFFICIAL USE	
Postage	.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.90
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

Postmark Here

Sent To  
COG Operating, LLC  
Street, Apt. No.  
or P.O. Box No. 550 W. Texas Ave Ste 1300  
City, State, ZIP Midland, TX 79701

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION FOR ADDRESSEE
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery 8-30</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>COG Operating, LLC 550 W. Texas Avenue, Suite 1300 Midland, TX 79701</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

# OFFICIALS

Certified Fee 2.80

Return Receipt Fee  
(Endorsement Required) 7.90

**Restricted Delivery Fee  
(Endorsement Required)**

Total Postage & Fees	\$ 5.17
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Postmark  
Here

Atari Town

Sent To: ConocoPhillips Co Scarborough  
Street, Apt. No., or PO Box No. PO Box 2197  
City, State, Zip+4 Houston, TX 77252

**COMPLETE THIS SECTION FOR DELIVERY**

- 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:

ConocoPhillips Company  
P.O. Box 2197  
Houston, TX 77252

ATTN: Mr. Tom Scarbrough

A. ~~Signature~~

x Kendall

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery	30 20
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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

2. Article Number  
(Transfer from service label)

7010 0780 0001 9559 2286

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



7010 0780 0001 9559 2309

OFFICIAL USE	
Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.90
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

Postmark Here

Sent To	Murchison Oil & Gas
Street, Apt. No. or PO Box No.	1100 Mira Vista Blvd
City, State, ZIP+4	Piano, TX 75093-4698

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Karen Keller</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Karen Keller</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Murchison Oil and Gas          1100 Mira Vista Blvd.          Piano, TX 75093-4698</p>	<p>3. Service Type</p> <p> <input type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p>(Transfer from service label) 7010 0780 0001 9559 2309</p>	

PADILLA LAW FIRM, P.A.

STREET ADDRESS  
1512 S. ST. FRANCIS DRIVE  
SANTA FE, NM 87505  
MAILING ADDRESS  
P.O. BOX 2523

SANTA FE, NEW MEXICO 87504-2523  
[padillalaw@gwestoffice.net](mailto:padillalaw@gwestoffice.net)

TELEPHONE  
505-988-7577

FACSIMILE  
505-988-7592

August 24, 2010

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Re: *NMOCD Case# 14542; In the Matter of the Application of RSC Resources Limited Partnership for Compulsory Pooling, Unorthodox Location, and Non-Standard Spacing and Proration Unit, Eddy County, New Mexico*

Ladies and Gentlemen:

This will advise that RSC Resources Limited Partnership has filed an Application with the New Mexico Oil Conservation Division Applicant seeking an order pooling all mineral interests from the surface of the earth to the base of the undesignated Wolfcamp formation underlying the W/2W/2 of Section 35, Township 16 South, Range 29 East, N.M.P.M., Eddy County, New Mexico. Applicant proposes to drill its Lonesome Wolf 35 Federal Com 2H well to be located at a surface location of 150 FSL and 660 FWL and bottom hole location of 330 FNL and 660 FWL of said Section 35. Applicant seeks to dedicate the W/2W/2 of Section 35 to the well to form a non-standard 160 acre spacing and proration unit for any formations and/or pools developed on 160 acre or less within the vertical extent, including the Wolfcamp formation.

This application will be set for hearing before a Division Examiner on September 16, 2010 at 8:15 a.m. at the New Mexico Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend this hearing, but as an owner of an interest that may be affected, you may appear and present testimony. Failure to appear at the time and become a party of record will preclude you from challenging these applications at a later time. If you intend to attend the hearing and present testimony or evidence, you must enter your appearance and serve the Division, counsel for the Applicant, and other parties with a pre-hearing statement at least four business days before the scheduled hearing date in accordance with 19.15.4.13(B) NMAC.

Very truly yours,



ERNEST L. PADILLA

ELP:jbg

cc: RSC Resources Limited Partnership

## 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:

Mariner Energy, Inc.  
2000 W. Sam Houston Parkway, Ste 2000  
Houston, TX 77042-3622

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent  
B. Received by (Printed Name) ☐ Addressee  
C. Date of Delivery  
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

2. Article Number

(Transfer from service label)

7010 0780 0001 9559 2217

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-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:

Edge Petroleum Exploration Company  
2000 W. Sam Houston Parkway, Ste 2000  
Houston, TX 77042-3622

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent  
B. Received by (Printed Name) ☐ Addressee  
C. Date of Delivery  
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

2. Article Number

(Transfer from service label)

7010 0780 0001 9559 2210

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540