

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

APPLICATION OF CELERO ENERGY II, LP
TO AMEND THE UNIT AGREEMENT AND THE
UNIT OPERATING AGREEMENT FOR THE
ROCK QUEEN UNIT, AND FOR STATUTORY
UNITIZATION, CHAVES AND LEA COUNTIES,
NEW MEXICO.

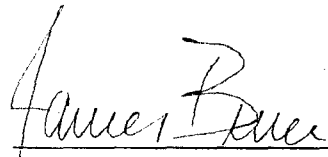
Case No. 14,504

AFFIDAVIT OF NOTICE

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

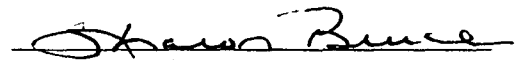
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Celero Energy II, LP.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the working 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 18th day of August, 2010 by James Bruce.

My Commission Expires: 3/14/13


Notary Public

Oil Conservation Division
Case No. 11
Exhibit No. 11

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

June 17, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for amendment of the Unit Agreement for the Rock Queen Unit, and for statutory unitization, filed with the New Mexico Oil Conservation Division by Celero Energy II, LP. Also enclosed is a copy of applicant's Plan of Development for the unit.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, July 8, 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 a working interest owner within the unit area you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this 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, July 1, 2010. This statement must be filed with the Division's Santa Fe office at the above address, and with the undersigned, 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.

Very truly yours,



James Bruce

Attorney for Celero Energy II, LP

EXHIBIT

A

EXHIBIT A

John Owen
2282 Highway 15
Rayville, Louisiana 71269

Robert Owen
3535 Gillespie Street
Dallas, Texas 75219

Mark Mourne
605 Canon Ridge Trail
Canon City, Colorado 81212-9130

Lisa Owen
7729 Idlewood
Dallas, Texas 75230

Jean Elizabeth Summers
1833 Earlmont Avenue
La Canada Flintridge, California 91011-1502

Manforth Production Co., Inc.
Attn: Theodore N. Danforth
P. O. Box 508
Locust Valley, New York 11560

OBO Inc.
Attn: Cathy Rangel
P. O. Box 22577
Hialeah, Florida 33002

Circle Ridge Production, Inc.
Attn: Doug Friedel
300 East Northside Drive
Fort Worth, Texas 76106

Dorothy Elizabeth Clardy Barnette
Attn: Stephen Barnette
4339 Potomac
Dallas, Texas 75205

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 Owen
3535 Gillespie Street
Dallas, Texas 75219

2. Article Number

(Transfer from service label)

7008 0500 0001 4594 1066

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Robert Owen ☐ Agent ☐ Addressee

B. Received by (Printed Name) Robert Owen C. Date of Delivery 02/11/04

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

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OFFICIAL USE

Postage	\$	\$5.95	0500
Certified Fee		\$2.80	03
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$11.05	06/17/2010

Sent To Robert Owen

Street, Apt. No., 3535 Gillespie Street

or PO Box No. Dallas, Texas 75219

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:

Mark Mourne
605 Canon Ridge Trail
Canon City, Colorado 81212-9130

2. Article Number

(Transfer from service label)

7008 0500 0001 4594 1141

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Mark Mourne ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mark Mourne C. Date of Delivery 06/17/2010

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

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OFFICIAL USE

Postage	\$	\$5.35	0500
Certified Fee		\$2.80	03
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$10.45	06/17/2010

Sent To Mark Mourne

Street, Apt. No., 605 Canon Ridge Trail

or PO Box No. Canon City, Colorado 81212-9130

City, State, ZIP+4

PS Form 3800, August 2005 See Reverse for Instructions

7008 0500 0001 4594 1066

7008 0500 0001 4594 1066

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:

Lisa Owen
7729 Idlewood
Dallas, Texas 75230

2. Article Number

(Transfer from service label)

7008 0500 0001 4594 1134

PS Form 3811, February 2004

Domestic Return Receipt

102595-02 M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) L. Owen C. Date of Delivery 7/2/10
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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WPS SPECIAL USE

Postage	\$	\$5.95	0500
Certified Fee		\$2.80	03
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$11.05	06/17/2010

Sent To

Lisa Owen
7729 Idlewood
Dallas, Texas 75230

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:

Jean Elizabeth Summers
1833 Earlmont Avenue
La Canada Flintridge, California 91011-1502

2. Article Number

(Transfer from service label)

7008 0500 0001 4594 1127

PS Form 3811, February 2004

Domestic Return Receipt

102595-02 M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Jean Summers C. Date of Delivery 6/29/2010
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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WPS SPECIAL USE

Postage	\$	\$7.50	0500
Certified Fee		\$2.80	03
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$12.60	06/17/2010

Sent To

Jean Elizabeth Summers
1833 Earlmont Avenue
La Canada Flintridge, California 91011-1502

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: _____

Manforth Production Co., Inc.
 Attn: Theodore N. Danforth
 P. O. Box 508
 Locust Valley, New York 11560

2. Article Number _____
 (Transfer from service label)

7008 0500 0001 4594 1103

Domestic Return Receipt

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *Manforth*

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

Postage \$ 9.55 0500
 Certified Fee \$2.80 03
 Return Receipt Fee (Endorsement Required) \$2.30
 Restricted Delivery Fee (Endorsement Required) \$0.00
 Total Postage & Fees \$14.65 06/17/2010

Postmark Here

Manforth Production Co., Inc.
 Attn: Theodore N. Danforth
 P. O. Box 508
 Locust Valley, New York 11560

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HIATFL 33002

Postage \$ 8.60 0500
 Certified Fee \$2.80 03
 Return Receipt Fee (Endorsement Required) \$2.30
 Restricted Delivery Fee (Endorsement Required) \$0.00
 Total Postage & Fees \$13.70 06/17/2010

Postmark Here

Sent To OBO Inc.
 Attn: Cathy Rangel
 P. O. Box 22577
 Hialeah, Florida 33002

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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: _____

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LOCUST VALLEY 11560

Postage \$ 9.55 0500
 Certified Fee \$2.80 03
 Return Receipt Fee (Endorsement Required) \$2.30
 Restricted Delivery Fee (Endorsement Required) \$0.00
 Total Postage & Fees \$14.65 06/17/2010

Postmark Here

Manforth Production Co., Inc.
 Attn: Theodore N. Danforth
 P. O. Box 508
 Locust Valley, New York 11560

PS Form 3800, August 2006 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X *Manforth*

B. Received by (Printed Name) _____ C. Date of Delivery _____

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 0500 0001 4594 1103

Domestic Return Receipt

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SENDER: COMPLETE THIS SECTION

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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:

Circle Ridge Production, Inc.
Attn: Doug Friedel
300 East Northside Drive
Fort Worth, Texas 76106

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7008 0500 0001 4594 1097

Domestic Return Receipt

102

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) ☐ Date of Delivery
C. Restricted Delivery Fee (Endorsement Required)
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

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Postage	\$	\$5.95	0500
Certified Fee		\$2.80	03
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$11.05	06/17/2010

Sent To
Circle Ridge Production, Inc.
Attn: Doug Friedel
300 East Northside Drive
Fort Worth, Texas 76106
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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

FOR THE MAIL USE

Postage	\$	\$5.95	0500
Certified Fee		\$2.80	03
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$11.05	06/17/2010

Sent To
Dorothy Elizabeth Clardy Barnette
Attn: Stephen Barnette
4339 Potomac
Dallas, Texas 75205
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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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:

Dorothy Elizabeth Clardy Barnette
Attn: Stephen Barnette
4339 Potomac
Dallas, Texas 75205

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7008 0500 0001 4594 1080

Domestic Return Receipt

102

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) ☐ Date of Delivery
C. Restricted Delivery Fee (Endorsement Required)
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


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Search Results

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 Status: **Delivered**

Your item was delivered at 1:28 pm on June 22, 2010 in RAYVILLE, LA 71269. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

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FOIA

7008 0500 0001 4594 1073

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For delivery information, visit our website at www.usps.com		
RAYVILLE LA 71269		
OFFICIAL USE		
Postage	\$ 7.50	0500
Certified Fee	\$2.80	03
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 12.60	06/17/2010
Sent To: John Owen Street, Apt. No., or PO Box No.: 2282 Highway 15 City, State, ZIP+4: Rayville, Louisiana 71269		
PS Form 3800, August 2006 See Reverse for Instructions		