

**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, LEA COUNTY,  
NEW MEXICO.**

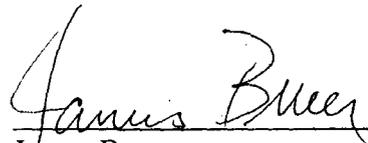
Case No. 14,637

**AFFIDAVIT OF NOTICE**

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

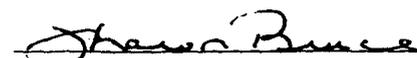
James Bruce, being duly sworn upon his oath, deposes and states:

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 operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the offsets 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 27<sup>th</sup> day of April, 2011 by James Bruce.

My Commission Expires: 3/14/13

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

Oil Conservation Division  
Case No. 7637  
Exhibit No. \_\_\_\_\_

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

April 7, 2011

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

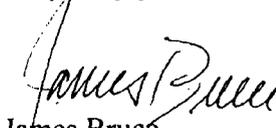
To: Persons on Exhibit A

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 E $\frac{1}{2}$ E $\frac{1}{2}$  of Section 30 and E $\frac{1}{2}$ E $\frac{1}{2}$  of Section 31, Township 26 South, Range 29 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 28, 2011, 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, April 21, 2011 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for OGX Resources LLC

EXHIBIT A

EXHIBIT A

OXY USA Inc.  
P.O. Box 4294  
Houston, Texas 77210

Attention: Pat Sparks

Bureau of Land Management  
620 East Greene  
Carlsbad, New Mexico 88220

**U.S. Postal Service<sup>TM</sup>  
CERTIFIED MAIL<sup>TM</sup> 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 \$	

Postmark Here

Sent To Bureau of Land Management  
620 East Greene  
Carlsbad, New Mexico 88220  
City, State, ZIP+4

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:  
Bureau of Land Management  
620 East Greene  
Carlsbad, New Mexico 88220

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *JOE SALCIBADAN* 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  Return Receipt for Merchandise  
 Registered  Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Transfer from service label) 7010 3090 0000 2343 1577  
PS Form 3811, February 2004 Domestic Return Receipt *DEX C-31* 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:  
OXY USA Inc.  
P.O. Box 4294  
Houston, Texas 77210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *SANOSBARK* C. Date of Delivery  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: *APR 12 2011*

3. Service Type  Certified Mail  Express Mail  Return Receipt for Merchandise  
 Registered  Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Transfer from service label) 7010 3090 0000 2343 1504  
PS Form 3811, February 2004 Domestic Return Receipt *DEX C-31* 102595-02-M-1540

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

**OFFICIAL USE**

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

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City, State, ZIP+4

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7010 3090 0000 0600 0000 2343 1577