

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF LOUIS DREYFUS
NATURAL GAS CORPORATION FOR
COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO.

Case No. 11858

AFFIDAVIT REGARDING NOTICE

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

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

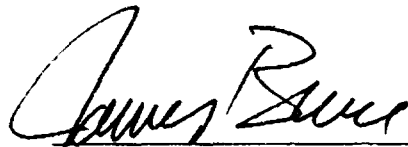
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the 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 mailing each of them, by certified mail, a copy of the Application. 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 Rule 1207.



James Bruce

SUBSCRIBED AND SWORN TO before me this 8th day of October, 1997, by James Bruce.



Notary Public

My Commission Expires:

3/14/01

NEW MEXICO
OIL CONSERVATION DIVISION

LDNGC EXHIBIT 5

CASE NO. 11858

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1066
SANTA FE, NEW MEXICO 87504

SUITE B
612 OLD SANTA FE TRAIL
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

September 8, 1997

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Dear Sirs:

Enclosed is a copy of an application for compulsory pooling filed at the New Mexico Oil Conservation Division by Louis Dreyfus Natural Gas Corporation regarding the S½ of Section 22, Township 22 South, Range 26 East, NMPM, Eddy County, New Mexico. The applicant's records indicate that you own an interest in the proposed well unit. This matter will be heard at 8:15 a.m. on Thursday, October 9, 1997 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico. As an interest owner in the well unit, you have the right to enter an appearance and participate in the hearing. Failure to appear at that time will preclude you from contesting this matter at a later date.

Very truly yours,

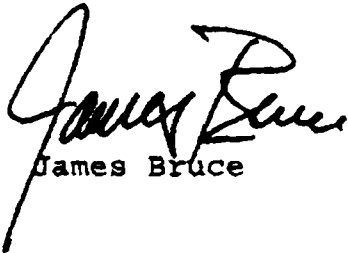

James Bruce



EXHIBIT A

Charles B. Read
P.O. Box 1518
Roswell, New Mexico 88202

Norman L. Stevens
P.O. Box 1
Hondo, New Mexico 88336

Stanley Tyler, Agent
2973 109th Avenue N.W.
Coon Rapids, Minnesota 55433-3816

Paul Ray
Suite 2300
301 Commerce Street
Fort Worth, Texas 76102

S.P. Yates
105 South Fourth Street
Artesia, New Mexico 88210

Estate of Martin Yates, III
207 South Fourth Street
Artesia, New Mexico 88210

Estate of Lillie M. Yates
105 South Fourth Street
Artesia, New Mexico 88210

Attention: Frank Yates

Texaco Exploration and Production Company
P.O. Box 46513
Denver, Colorado 80201

Attention: David Sleeper

Union Pacific Oil & Gas Company
P.O. Box 7
M.S. 2600
Fort Worth, Texas 76101-0007

Attention: Mike Barron

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/ for additional services.
- Complete items 3, 4a, b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Charles B Read
P. O. Box 1518
Roswell NM 88202

4a. Article Number
P 551 049 302

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
9-12-97

5. Received By: (Print Name)
ALAN SL... (signature)

6. Signature: (Addressee or Agent)
X (signature)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/ for additional services.
- Complete items 3, 4a, b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Norman L. Stevens
P. O. Box 1
Hondo NM 88336

4a. Article Number
P 551 049 301

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
09-12-97

5. Received By: (Print Name)
Norman Stevens

6. Signature: (Addressee or Agent)
X (signature)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, b.
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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Stanley Tyler, Agent
2973 109th Avenue N.W.
Coon Rapids, MN 55433-3816

4a. Article Number
P 551 285 281

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
SEP 16 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Stanley Tyler

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Paul Ray
Suite 2300
301 Commerce Street
Fort Worth, TX 76102

4a. Article Number

P 551 285 279

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

SEP 12 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

C. P. Yates
105 S. Fourth St
Artesia, NM 88210

4a. Article Number

P 551 285 279

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

9-10-97

5. Received By: (Print Name)

JOANN GRIGGS

6. Signature: (Addressee or Agent)

Jo Ann Griggs

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Estate of Martin Yates III
105 South Fourth Street
Artesia, NM 88210

4a. Article Number

P 551 285 277

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

9-10-97

5. Received By: (Print Name)

JOANN GRIGGS

6. Signature: (Addressee or Agent)

Jo Ann Griggs

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Estate of Lillie M. Yates
105 South Fourth Street
Artesia, NM 88210

4a. Article Number

P 551 235 276

4b. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

9-10-97

5. Received By: (Print Name)

JOANN GRIGGS

6. Signature: (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a.
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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Toxaco Expl. & Prod. Corp.
P. O. Box 46510
Denver Co. 80201

Attn: D Sleeper

4a. Article Number

P 551 040 986

4b. Service Type

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

9-10

5. Received By: (Print Name)

[Signature]

6. Signature: (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Union Pacific Oil & Gas Company
P. O. Box 7
H.S. 2000
Fort Worth, TX 76101-0007

Attn: Mike Barron

5. Received By: (Print Name)

[Signature]

6. Signature: (Addressee or Agent)

[Signature]

4a. Article Number

P 551 040 975

4b. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

9-12-97

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.