BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY CORPORATION (NEVADA) FOR AN UNORTHODOX OIL WELL LOCATION, EDDY COUNTY, NEW MEXICO. **Case No. 12036**

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 stated 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 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 Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 31st day of August, 1998, by James Bruce.

Notary Public

My Commission Expires:

3/15/01

NEW MEXICO
OIL CONSERVATION DIVISION
Devon EXHIBIT 4
CASE NO. 12036

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

August 14, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Enclosed is a copy of an application and proposed advertisement filed at the New Mexico Oil Conservation Division by Devon Energy Corporation (Nevada) requesting approval of an unorthodox oil well location in Section 20, Township 17 South, Range 31 East, NMPM, Eddy County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, September 3, 1998 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. You have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

James Bruce

Attorney for Devon Energy
Corporation (Nevada)

EXHIBIT
A

EXHIBIT A

Rufus Wallingford and Martha West,
Co-Trustees of the J.K.
Wallingford Trust
757 N. Eldridge
Houston, Texas 77079

Rufus Wallingford
Browning Ferris Industries Inc.
757 N. Eldridge
Houston, Texas 77079

Sabine Royalty Trust
NationsBank of Texas, N.A.,
Escrow Agent
Department #0887
P.O. Box 840378
Dallas, Texas 75284

Martha W. West
39 Elkins Lake
Huntsville, Texas 77340

Marshall & Winston, Inc.
P.O. Box 50880
Midland, Texas 79710

Braille Institute of America Inc.
Account #63100
c/o Trust Oil & Gas
NationsBank of Texas, N.A.
P.O. Box 840738
Dallas, Texas 75284

Ward Investments, Ltd. Co.
101 South Fourth Street
Artesia, New Mexico 88210

Minerals Management Service
Royalty Program
Box 5810, T.A.
Denver, Colorado 80217

Selma Andrews Perpetual Charitable
Trust #5188-02
c/o NationsBank of Texas, N.A.,
Trustee
P.O. Box 840738
Dallas, Texas 75284

Selma Andrews Trust #5188-01
f/b/o Peggy Barrett
c/o NationsBank of Texas,
N.A., Trustee
P.O. Box 840738
Dallas, Texas 75284

Z 193 735 090

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to
Rufus Wallingford and Martha West,
Co-Trustees of the J.K.
Wallingford Trust
757 N. Eldridge
Houston, Texas 77079

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	APR 14 1998 SANTA FE NM 87501 USPS

PS Form **3800**, April 1995

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:
Rufus Wallingford and Martha West,
Co-Trustees of the J.K.
Wallingford Trust
757 N. Eldridge
Houston, Texas 77079

4a. Article Number
Z 193 735 090

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
4/17/98

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

5. Received By: *(Print Name)*

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

PS Form **3811**, December 1994 Domestic Return Receipt
102595-98-B-0229

Is your RETURN ADDRESS completed on the reverse side?

Z 193 735 089

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to
Rufus Wallingford
Browning Ferris Industries Inc.
757 N. Eldridge
Houston, Texas 77079

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	APR 14 1998 SANTA FE NM 87501 USPS

PS Form **3800**, April 1995

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 193 735 087

Sent to
Martha W. West
39 Elkins Lake
Huntsville, Texas 77340

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	AUG 17 1998

SANTA FE NM USPS

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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):
1. ☐ Addressee's Address
2. ☐ *Restricted Delivery*

Consult postmaster for fee.

3. Article Addressed to:

Sabine Royalty Trust
NationsBank of Texas, N.A.,
Escrow Agent
Department #0887
P.O. Box 840378
Dallas, Texas 75284

4a. Article Number
Z 193 735 088

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
8-16-98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X D Hernandez

PS Form **3811**, December 1994 DEV

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 193 735 088

Sent to
Sabine Royalty Trust
NationsBank of Texas, N.A.,
Escrow Agent
Department #0887
P.O. Box 840378
Dallas, Texas 75284

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	AUG 17 1998

SANTA FE NM USPS

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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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:

Martha W. West
39 Elkins Lake
Huntsville, Texas 77340

4a. Article Number
Z 193 735 087

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
8-18-98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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):

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

Consult postmaster for fee.

3. Article Addressed to:

Marshall & Winston, Inc.
P.O. Box 50880
Midland, Texas 79710

4a. Article Number
Z 193 735 086

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
AUG 17 1998

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to
Marshall & Winston, Inc.
P.O. Box 50880
Midland, Texas 79710

Street, State, & ZIP Code

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	AUG 14 1998 SANTA FE

Z 193 735 086

Z 193 735 081

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

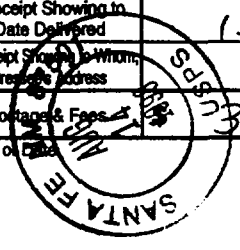
Do not use for International Mail *(See reverse)*

Sent to

Braille Institute of America Inc.
Account #63100
c/o Trust Oil & Gas
NationsBank of Texas, N.A.
P.O. Box 840738
Dallas, Texas 75284

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

PS Form 3800, April 1995



PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 193 735 083

Sent to
Minerals Management Service
Royalty Program
Box 5810, T.A.
Denver, Colorado 80217

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	SANTA FE NM AUG 14 1998 USPS

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ward Investments, Ltd. Co.
101 South Fourth Street
Artesia, New Mexico 88210

4a. Article Number
Z 193 735 082

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
8/15/98

5. Received By: *(Print Name)*
JOHN KNIGHT

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

6. Signature: *(Addressee or Agent)*
X John C. Knight

PS Form **3811**, December 1994 DEV

102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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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:

Minerals Management Service
Royalty Program
Box 5810, T.A.
Denver, Colorado 80217

4a. Article Number
Z 193 735 083

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
AUG 17 1998

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

5. Received By: *(Print Name)*

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

PS Form **3811**, December 1994 DEV

102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Z 193 735 082

Sent to
Ward Investments, Ltd. Co.
101 South Fourth Street
Artesia, New Mexico 88210

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	SANTA FE NM AUG 17 1998 USPS

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 193 735 085

Selma Andrews Trust #5188-01
f/b/o Peggy Barrett
c/o NationsBank of Texas,
N.A., Trustee
P.O. Box 840738
Dallas, Texas 75284

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	AUG 1998 USPS 87501

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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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:

Selma Andrews Perpetual Charitable
Trust #5188-02
c/o NationsBank of Texas, N.A
Trustee
P.O. Box 840738
Dallas, Texas 75284

4a. Article Number
Z 193 735 084

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
8-16-98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X M Hernandez DEV

SANTA FE NM AUG 16 1998 USPS 87501-9998

Is your RETURN ADDRESS completed on the reverse side?

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Z 193 735 084

Selma Andrews Perpetual Charitable
Trust #5188-02
c/o NationsBank of Texas, N.A.
Trustee
P.O. Box 840738
Dallas, Texas 75284

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	AUG 1998 USPS 87501

SANTA FE NM

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write *"Return Receipt Requested"* on the mailpiece below the article number.
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1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Selma Andrews Trust #5188-01
f/b/o Peggy Barrett
c/o NationsBank of Texas,
N.A., Trustee
P.O. Box 840738
Dallas, Texas 75284

4a. Article Number
Z 193 735 085

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
8-16-98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X M Hernandez DEV

Is your RETURN ADDRESS completed on the reverse side?

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.