BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY CORPORATION (NEVADA) FOR SURFACE COMMINGLING AND LEASE COMMINGLING, EDDY COUNTY, NEW MEXICO. **No. _____**

AFFIDAVIT REGARDING NOTICE

STATE OF OKLAHOMA)
) ss.
COUNTY OF OKLAHOMA)

Carla D. Wood, being duly sworn upon her oath, deposes and states:

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

2. I am a landman 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.

Carla D. Wood

SUBSCRIBED AND SWORN TO before me this 8th day of March, 1999, by Carla D. Wood.

Marsha Bartlett
Notary Public

My Commission Expires:

MARSHA BARTLETT
Oklahoma County
Notary Public in and for
State of Oklahoma
My commission expires Aug. 9, 2002.

~~NEW MEXICO~~
OIL CONSERVATION DIVISION
Devon EXHIBIT 3
CASE NO. 12146

devon
ENERGY CORPORATION

20 North Broadway, Suite 1500
Oklahoma City, Oklahoma 73102-8260

Telephone: 405/552-4615
Fax: 405/552-8113

February 24, 1999

VIA CERTIFIED MAIL

TO: Working Interest Owners
(See Attached List)

Re: Kaiser B #1
Kaiser B #3
Section 18-T18S-R27E
Eddy County, New Mexico
Devon Lease Nos. 30-725, 30-726, 30-727 & 30-728

Ladies and Gentlemen:

Enclosed is a copy of an application, filed with the New Mexico Oil Conservation Division by Devon Energy Corporation (Nevada), requesting approval of surface and lease commingling of production from the Kaiser "B" Lease. This matter will be heard at 8:15 a.m. on Thursday, March 18, 1999 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the lease, 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.

Please let me know if you have any questions concerning this matter.

Sincerely,

DEVON ENERGY CORPORATION (NEVADA)

Carla D. Wood
Landman

CDW:mkb\kaiser.l

enc.

EXHIBIT
A

WORKING INTEREST OWNERS
KAISER "B" #1 AND #3
SECTION 18-T18S-R27E
EDDY COUNTY, NEW MEXICO

Kaiser Family Trust
Reatha B. Kaiser, Trustee
2473 Royal Street, James Drive
El Cajon, CA 92019

Lula Mae Kaiser, Trustee U/T/A
dated 10/26/78
1220 Johnson Drive, Space #63
Ventura, CA 93003

Glenn E. Kaiser
P.O. Box 1283
Artesia, NM 88211-1283

Clarence D. & Joan Kaiser
8911 Galena Drive
El Paso, TX 79904

Donna H. Kaiser
P.O. Box 1002
Artesia, NM 88210

Stromberg Revocable Trust
T. C. & June B. Stromberg, Trustees
P.O. Box 2208
Ardmore, OK 73402-2208

Marifred Miller Handley
9201 W. Carlsbad Hwy.
Hobbs, NM 88240

Julie Lara
6780 N. Eagle
Las Cruces, NM 88012

Leslyn Johnson
475 S. Frisco Drive
Elko, NV 89801

Jay Paul Miller
7401 Crystal Ridge Rd. SW
Albuquerque, NM 87121

David Scott Miller
278 Walnut Street
Elko, NV 89801

Joann Miller
102 E. Riverside Drive, #1
Carlsbad, NM 88220

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:

Clarence D. & Joan Kaiser
8911 Galena Drive
El Paso, TX 79904

4a. Article Number: P 619 403 708

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

7. Date of Delivery: 2-27-94

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X C.D. Kaiser M.D.

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.
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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:

Lula Mae Kaiser, Trustee U/T/A
dated 10/26/78
1220 Johnson Drive, Space #63
Ventura, CA 93003

4a. Article Number: P 619 403 706

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

7. Date of Delivery: [illegible]

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Lula Mae Kaiser

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

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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:

Glenn E. Kaiser
P.O. Box 1283
Artesia, NM 88211-1283

4a. Article Number: P 619 403 707

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

7. Date of Delivery: 2-27-94

Glenn E. Kaiser
5. Received By: (Print Name)

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

Signature: (Addressee or Agent)
X

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

Consult postmaster for fee.

3. Article Addressed to:

Kaiser Family Trust
Reatha B. Kaiser, Trustee
2473 Royal Street, James Drive
El Cajon, CA 92019

4a. Article Number: P 619 403 705

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

7. Date of Delivery:

REATHA B. KAISER
5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Reatha B. Kaiser

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NDER:
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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.

rticle Addressed to:

Julie Lara
6780 N. Eagle
Las Cruces, NM 88012

4a. Article Number
P 619 403 712

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

7. Date of Delivery
3-3-99

eceived By: *(Print Name)*

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

ignature: *(Addressee or Agent)*
X Julie Lara

Thank you for using Return Receipt Service.

orm **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

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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:

Stromberg Revocable Trust
T. C. & June B. Stromberg, Tr.
P.O. Box 2208
Ardmore, OK 73402-2208

4a. Article Number
P 619 403 710

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

7. Date of Delivery
FEB 26 1999

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Sara S. Jones

Thank you for using Return Receipt Service.

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

NDER:
omplete items 1 and/or 2 for additional services.
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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.

Article Addressed to:

rifred Miller Handley
01 W. Carlsbad Hwy.
bbs, NM 88240

4a. Article Number
P 619 403 711

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

7. Date of Delivery
3-2

Received By: *(Print Name)*

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

Signature: *(Addressee or Agent)*
X Manfred Miller Handley

Thank you for using Return Receipt Service.

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

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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:

Donna H. Kaiser
P.O. Box 1002
Artesia, NM 88210

4a. Article Number
P 619 403 709

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

7. Date of Delivery
3-1-99

5. Received By: *(Print Name)*
Jeffrey H. Butcher

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

6. Signature: *(Addressee or Agent)*
X Jeffrey H Butcher

Thank you for using Return Receipt Service.

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

NDER:
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ivered.

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

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

Consult postmaster for fee.

rticle Addressed to:

)ann Miller
)2 E. Riverside Drive, #1
rlsbad, NM 88220

4a. Article Number
P 619 403 716

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

7. Date of Delivery
3-1

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

To Ann Miller

eceived By: *(Print Name)*

ignature: *(Addressee or Agent)*
X

Thank you for using Return Receipt Service.

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

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

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

Consult postmaster for fee.

3. Article Addressed to:
David Scott Miller
278 Walnut Street
Elko, NV 89801

4a. Article Number
P 619 403 715

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

7. Date of Delivery
2/26/99

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X David Scott Miller

Thank you for using Return Receipt Service.

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

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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:
Jay Paul Miller
7401 Crystal Ridge Rd. SW
Albuquerque, NM 87121

4a. Article Number
P 619 403 714

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

7. Date of Delivery
2-1-99

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Jay P Miller

Thank you for using Return Receipt Service.

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

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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:

Leslyn Johnson
475 S. Frisco Drive
Elko, NV 89801

4a. Article Number
P 619 403 713

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

7. Date of Delivery 3/9/99

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 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.