

EXHIBIT 14

**Affidavit of Notice Regarding Hearing
for Approval of Waterflood Project
East Shugart (Delaware) Unit**

State of New Mexico)
Counties of Eddy and Lea) ss.

B. Lynne Ellison, being first duly sworn, upon oath deposes and says:

I am of legal age and have personal knowledge of the matters stated herein. By letter dated May 27, 1999, I, as Landman for St. Mary Land & Exploration Company, Operator of the proposed East Shugart (Delaware) Unit covering 604.12 acres, more or less, described as:

Township 18 South, Range 31 East, NM Meridian
Section 13: S/2SE/4
Section 24: NE/4 and N/2SE/4
Eddy County, New Mexico

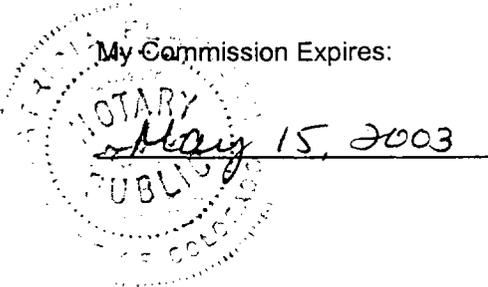
Township 18 South, Range 32 East, NM Meridian
Section 18: Lot 4 (SW/4SW/4)
Section 19: Lots 1, 2 (W/2NW/4);
 Lot 3 (NW/4SW/4); E/2NW/4
 and NE/4SW/4
Lea County, New Mexico

sent notice to all surface owners within the area covered by the proposed unit and to the operators or lessees of offsetting acreage that a hearing has been scheduled before the New Mexico Oil Conservation Division on June 24, 1999 relative to an application for approval of a waterflood project. Copies of the application were attached to the notices. The notices were delivered by certified mail, return receipt requested. A copy of the letter along with copies of the signed return receipts are attached to this Affidavit.

Further Affiant sayeth not.

B. Lynne Ellison
B. Lynne Ellison

Subscribed and sworn to before me this 13th day of July, 1999.



Patricia Hanes
Notary Public for the State of Colorado
Residing at 1776 LINCOLN ST, STE 1100
DENVER CO 80203

**Certified Mail
Return Receipt Requested**

May 27, 1999

To: See Attached List of Addressees

Re: East Shugart (Delaware) Unit
Eddy and Lea Counties, NM

Ladies and Gentlemen:

Enclosed is a copy of an application for approval of a waterflood project for the proposed East Shugart (Delaware) Unit filed with the New Mexico Oil Conservation Division by St. Mary Land & Exploration Company.

This matter will be heard at 8:15 a.m. on Thursday, June 24, 1999 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. Our records indicate that you are a surface owner or an offset operator/lessee. You have the right to enter an appearance and participate in the hearing. Failure to appear at the hearing will preclude you from contesting this matter at a later date. If you will be appearing at the hearing, you are requested to notify the attorney for the applicant no later than Friday, June 18, 1999. Our attorney is James Bruce, P. O. Box 1056, Santa Fe, New Mexico 87504.

Very truly yours,

St. Mary Land & Exploration Company



B. Lynne Ellison
Landman

/le
Attachments

ADDRESS LIST
EAST SHUGART (DELAWARE) UNIT

RAY WESTALL
BOX 4
LOCO HILLS NM 88255

YATES PETROLEUM COMPANY
105 S 4TH ST
ARTESIA NM 88210

CONOCO INC
10 DESTA DR #100W
MIDLAND TX 79705

BOYLE & STOVALL BETTIS
BOX 1240
GRAHAM TX 76450-1240

THUNDERBOLT PETROLEUM LLC
BOX 10523
MIDLAND TX 79702

KEVIN O BUTLER & ASSOCIATES
500 W TEXAS STE 955
MIDLAND TX 79701

18-31 INC
PO BOX 1120
ROSWELL NM 88202

HARVEY E YATES CO
PO BOX 1933
ROSWELL NM 88202-1933

ARMANDO LOPEZ
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ROSWELL FIELD OFFICE
2909 W SECOND ST
ROSWELL NM 88201-2019

Thank you for using Return Receipt Service.

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

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

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.

3. Article Addressed to: RAY WESTALL BOX 4 LOCO HILLS NM 88255		4a. Article Number 2 300 038 010
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured
5. Received By: (Print Name)		7. Date of Delivery 6-2-99
6. Signature (Address Agent) 		8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse of this form?

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article RETURN RECEIPT REQUESTED adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

102595-99-M-0079

PS Form 3800, April 1995 (Reverse)

102595-97-B-0179 Domestic Return Receipt

PS Form 3811, December 1994

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6. Save this receipt and present it if you make an inquiry.

102595-99-M-0079

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse

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

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

4a. Article Number
 2 300 038 070

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

7. Date of Delivery

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

3. Article Addressed to:
 YATES PETROLEUM COMPANY
 105 S 4TH ST
 ARTESIA NM 88210

5. Received By: (Print Name)
 Nancy Stall

6. Signature: (Addressee or Agent)
 X Nancy Stall

102595-97-B-0179 Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

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6. Save this receipt and present it if you make an inquiry.

102595-99-M-0079

PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the

<p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	<p>I also wish to receive the following services (for an extra fee):</p>
<p>3. Article Addressed to: CONOCO INC 103DESTA DR #100W MIDLAND TX 79705</p>	<p>4a. Article Number 7300 038019</p> <p>4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured</p> <p>7. Date of Delivery 6/1</p>
<p>5. Received By: (Print Name) Anita</p> <p>6. Signature: (Address of Agent) Anita</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

FR:

Complete items 1 and/or 2 for additional services.

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.

<p>3. Article Addressed to:</p> <p>BOYLE & STOVALL BETTIS BOX 1240 GRAHAM TX 76450-1240</p>	<p>4a. Article Number 2300038023</p> <p>4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured</p> <p>7. Date of Delivery 1-1-89</p>
<p>5. Received By: (Print Name)</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>6. Signature: (Addressee or Agent) <i>[Handwritten Signature]</i></p>	
<p>PS Form 3811, December 1994</p>	

Is your RETURN ADDRESS completed on the reverse?

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge).
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6. Save this receipt and present it if you make an inquiry.

102595-99-M-0079

PS Form 3800, April 1995 (Reverse)

NOTE:

Complete items 1 and/or 2 for additional services.
 ■ 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:

1 TUNDEKBOU PETROLEUM
 LLC
 BOX 10523
 MIDLAND TX 79702

4a. Article Number
 E300038022

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

JUN - 1 1999

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

5. Received By: (Print Name)

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

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?

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102595-99-M-0079

PS Form 3800, April 1995 (Reverse)

Is your RETURN ADDRESS completed on the ?

<p>4. Write 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.</p> <p>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.</p> <p>■ Write "Return Receipt Requested" on the mailpiece below the article number.</p> <p>■ The Return Receipt will show to whom the article was delivered and the date delivered.</p>	<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
<p>3. Article Addressed to: KEVIN O BUTLER & ASSOCIATES 500 W TEXAS STE 955 MIDLAND TX 79701</p>	
<p>4a. Article Number 2300 038 021</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>7. Date of Delivery 12-1-99</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>5. Received By: (Print Name)</p>	
<p>6. Signature: (Addressee or Agent) X <i>[Signature]</i></p>	

Thank you for using Return Receipt Service.

Domestic Return Receipt

102595-97-B-0179

PS Form 3811, December 1994

Stick postage stamps to article to cover First-Class postage, certified mail fee, and any other charges for any selected optional services (See front).

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge).
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102595-99-M-0079

PS Form 3800, April 1995 (Reverse)

Thank you for using Return Receipt Service.

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Items 1 and/or 2 for additional services. Items 3, 4a, and 4b, our name and address on the reverse of this form so that we can return this 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.

3. Article Addressed to:

HARVEY E YATES CO
 PO BOX 1933
 ROSWELL NM 88202-1933

4a. Article Number

2300 038 024

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

6. Signature: Addressee or Agent

Harvey E. Yates

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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6. Save this receipt and present it if you make an inquiry.

102595-99-M-0079

ORDER:

- 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.
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PS Form 3800, April 1995 (Reverse)

is your RETURN ADDRESS completed on the reverse.

Thank you for using Return Receipt Service.

3. Article Addressed to:

18-31 INC
PO BOX 1120
ROSWELL NM 88202

4a. Article Number

2300 038 025

4b. Service Type

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

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

X *[Signature]*

6. Signature: (Addressee or Agent)

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

PS Form 3811, December 1994

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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.

Thank you for using Return Receipt Service.

3. Article Addressed to:

ARMANDO LOPEZ
DEPT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
2909 WEST SECOND ST
ROSWELL, N1 88201-2019

4a. Article Number

2300 038 026

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- COD

7. Date of Delivery

6-1-99

5. Received By: (Print Name)

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