BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF HOME-STAKE OIL & GAS COMPANY FOR COMPULSORY POOLING, LEA COUNTY, NEW MEXICO. **Case No. 12403**

AFFIDAVIT REGARDING NOTICE

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

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 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 3rd day of May, 2000, by James Bruce.

Notary Public

My Commission Expires:
3/14/2001

NEW MEXICO
OIL CONSERVATION DIVISION
EXHIBIT 5
CASE NO.

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
SANTA FE, NEW MEXICO 87501

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

April 11, 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Home-Stake Oil & Gas Company, regarding the NW¼SE¼ of Section 26, Township 22 South, Range 37 East, NMPM, Lea County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, May 4, 2000 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the well, you have the right to enter an appearance 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 Home-Stake
Oil & Gas Company

EXHIBIT
A

EXHIBIT A

Ms. Alline B. Johnson Jones
P. O. Box 10
Loving, NM 88256

Ms. Wilma Voigt
1103 N. Shore Drive
Carlsbad, NM 88220

Mr. Lee Voigt
1103 N. Shore Drive
Carlsbad, NM 88220

Mr. Norman Baker
P. O. Box 164
Lordsburg, NM 88045

Ms. Zollene Knott
1102 W. Riverside Drive
Carlsbad, NM 88220

Ms. Amber Knott
1102 W. Riverside Drive
Carlsbad, NM 88220

Mr. Joe K. Pierce
1801 Westridge
Carlsbad, NM 88220

Ms. Pam Voigt
420 South 5th Street
Cameron, WI 54822

Ms. Patricia Towery
706 Osage
Midland, TX 79705

Jack Huff
P. O. Box 50190
Midland, TX 79710

PS Form **3800**, April 1995 HS

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do n
Sent **Mr. Norman Baker**
P. O. Box 164
Stre
Lordsburg, NM 88045
Post Office, State, & ZIP Code

Postage	$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

Z 461 509 293

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:

Mr. Joe K. Pierce
1801 Westridge
Carlsbad, NM 88220

4a. Article Number Z 461 509 296

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

7. Date of Delivery APR 15

5. Received By: *(Print Name)* Joe Pierce

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

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:

Mr. Norman Baker
P. O. Box 164
Lordsburg, NM 88045

4a. Article Number Z 461 509 293

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

7. Date of Delivery APR 13 2000

5. Received By: *(Print Name)*

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

PS Form **3800**, April 1995 HS

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Sent to
Street & I **Mr. Joe K. Pierce**
1801 Westridge
Post Offic **Carlsbad, NM 88220**

Postage	$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

Z 461 509 296

PS Form **3800**, April 1995 HS

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

Sent to **Jack Huff**
Street & No. **P. O. Box 50190**
Post Office, State, & ZIP Code **Midland, TX 79710**

Postage	$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	APR 17 2000

Z 461 509 289

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:
Ms. Alline B. Johnson Jones
P. O. Box 10
Loving, NM 88256

4a. Article Number **Z 461 509 289**

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

7. Date of Delivery APR 21 2000

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Wilma E. Voigt

[redacted] HS

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995 HS

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

Sent to **Ms. Alline B. Johnson Jones**
Street & No. **P. O. Box 10**
Post Office, State, & ZIP Code **Loving, NM 88256**

Postage	$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	APR 17 2000

Z 461 509 289

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:
Jack Huff
P. O. Box 50190
Midland, TX 79710

4a. Article Number **Z 461 509 299**

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

7. Date of Delivery Apr 4-17-00

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 HS

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995 HS

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

Sent to **Ms. Patricia Towery**
Street & **706 Osage**
Midland, TX 79705

Z 461 509 298

Postage	$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	APR 2000

Post Office, State, & ZIP Code

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:

Mr. Lee Voigt
1103 N. Shore Drive
Carlsbad, NM 88220

4a. Article Number: Z 461 509 292

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

7. Date of Delivery: 4-13-00

5. Received By: *(Print Name)* Wilma Voigt

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

6. Signature: *(Addressee or Agent)*
X Wilma Voigt HS

PS Form **3811**, December 1994 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 HS

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

Sent to **Mr. Lee Voigt**
Street & **1103 N. Shore Drive**
Carlsbad, NM 88220

Z 461 509 292

Postage	$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	APR 13 2000

Post Office, State, & ZIP Code

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:

Ms. Patricia Towery
706 Osage
Midland, TX 79705

4a. Article Number: Z 461 509 298

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

7. Date of Delivery: 4-13-00

5. Received By: *(Print Name)* Trish Towery

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

6. Signature: *(Addressee or Agent)*
X Trish Towery HS

PS Form **3811**, December 1994 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 HS

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

Sent to
Ms. Amber Knott
Street & No. **1102 W. Riverside Drive**
Post Office, State, & ZIP Code **Carlsbad, NM 88220**

Z 461 509 295

Postage	$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	4/13/00

USPS - 87501

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:
Ms. Zollene Knott
1102 W. Riverside Drive
Carlsbad, NM 88220

4a. Article Number Z 461 509 294

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

7. Date of Delivery 4-18-00

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
Zollene Knott

PS Form **3811**, December 1994 HS

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.
- 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:
Ms. Amber Knott
1102 W. Riverside Drive
Carlsbad, NM 88220

4a. Article Number Z 461 509 295

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

7. Date of Delivery 4/13/00

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 HS

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 HS

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

Sent to
Ms. Zollene Knott
Street & No. **1102 W. Riverside Drive**
Post Office, State, & ZIP Code **Carlsbad, NM 88220**

Z 461 509 294

Postage	$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	4/13/00

USPS - 87501

PS Form **3800**, April 1995 HS

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

Sent to **Ms. Wilma Voigt**
Street & Number **1103 N. Shore Drive**
Post Office, State, & ZIP Code **Carlsbad, NM 88220**

Z 461 509 290

Postage	$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

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:
Ms. Pam Voigt
420 South 5th Street
Cameron, WI 54822

4a. Article Number: Z 461 509 297

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

7. Date of Delivery: 4/21/00

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X [signature]

PS Form **3811**, December 1994 HS

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 HS

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

Sent to **Ms. Pam Voigt**
Street & Number **420 South 5th Street**
Post Office, State, & ZIP Code **Cameron, WI 54822**

Z 461 509 297

Postage	$ 0.55
Certified Fee	1.25
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.25
Postmark or Date	APR 2000

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:
Ms. Wilma Voigt
1103 N. Shore Drive
Carlsbad, NM 88220

4a. Article Number: Z 461 509 290

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

7. Date of Delivery: 4-13-00

5. Received By: *(Print Name)* Wilma Voight

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

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

PS Form **3811**, December 1994 HS

102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.