

**BEFORE THE  
OIL CONSERVATION DIVISION  
NEW MEXICO DEPARTMENT OF ENERGY,  
MINERALS AND NATURAL RESOURCES**

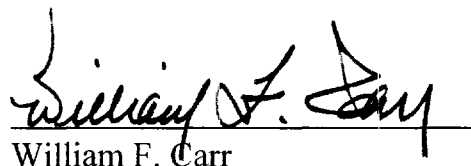
**IN THE MATTER OF THE APPLICATION  
OF BK EXPLORATION CORPORATION  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 12410**

**AFFIDAVIT**


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

William F. Carr, attorney in fact and authorized representative of BK Exploration Corporation, the applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested parties entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.

  
William F. Carr

SUBSCRIBED AND SWORN to before this 30<sup>th</sup>, day of May, 2000 by William F. Carr.



  
Mara Dalton, Notary Public

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Case No. 12410       Exhibit No. 6  
Submitted by:  
BK Exploration Company  
Hearing Date: June 1, 2000

## **EXHIBIT A**

James Minor Alexander  
Post Office Box 58  
Abilene, Texas 79604-0058

Jeri Alexander Lott  
9102 Vicksburg Ave #17  
Lubbock, Texas 79424

Martha Jane Alexander Rhodes  
Post Office Box 58  
Abilene, Texas 79604-0058

Marilyn Guitar Galusha Trust  
Marilyn G. Galusha, Trustee  
Post Office Box 1438  
Abilene, Texas 79604-1438

S.P. Johnson III & Barbara Jo Johnson Trust  
S. P. Johnson III & Barbara Jo Johnson,  
Trustees  
Post Office Box 1713  
Roswell, New Mexico 88202-1713

PJC Limited Partnership  
Patricia J. Cooper  
Post Office Box 1713  
Roswell, New Mexico 88202-1713

JTV Partnership  
Tracy C. Thompson  
Post Office Box 1713  
Roswell, New Mexico 88202-1713

LaPlant/Johnson Family Trust  
Joel S. Johnson & Peggy LaPlant  
7575 South Sundown Circle  
Littleton, Colorado 80120

CAMPBELL, CARR, BERGE  
& SHERIDAN, P.A.  
LAWYERS

MICHAEL B. CAMPBELL  
WILLIAM F. CARR  
BRADFORD C. BERGE  
MARK F. SHERIDAN  
MICHAEL H. FELDEWERT  
PAUL R. OWEN  
ANTHONY F. MEDEIROS  
  
JACK M. CAMPBELL  
1915-1999

JEFFERSON PLACE  
SUITE 1 - 110 NORTH GUADALUPE  
POST OFFICE BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
TELEPHONE: (505) 988-4421  
FACSIMILE: (505) 983-6043  
E-MAIL: law@westofpecos.com

May 11, 2000

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

TO ALL AFFECTED PARTIES:

*Re: Application of BK Exploration Corporation for Compulsory Pooling, Eddy County, New Mexico.*

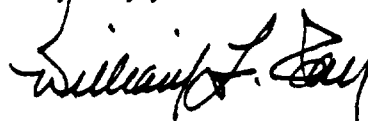
Ladies and Gentlemen:

This letter is to advise you that BK Exploration Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the force pooling of all mineral interests from the surface to the base of the Delaware formation, East Loving-Brushy Canyon Pool in the SE/4 NE/4 of Section 34, Township 23 South, Range 28 East, N.M.P.M., Eddy County, New Mexico. BK Exploration Corporation proposes to dedicate these pooled units to its Pardue "34" Well No. 1 which it will re-enter and complete in the Delaware formation at a standard location 2310 feet from the North line and 660 feet from the East line (Unit H) of said Section 34.

This application has been set for hearing before a Division Examiner on June 1, 2000. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



William F. Carr  
ATTORNEY FOR BK EXPLORATION  
CORPORATION

WFC/md

Enclosure

7099 3220 0005 9417 5159

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

PJC Limited Partnership  
Patricia J. Cooper  
Post Office Box 1713  
Roswell, New Mexico 88202

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
PJC Limited Partnership  
Patricia J. Cooper  
Post Office Box 1713  
Roswell, New Mexico 88202-1713

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) J.P. Johnson	B. Date of Delivery 5-13-00
C. Signature X J.P. Johnson	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label) 7099 3220 0005 9417 5159  
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9417 5135

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

Marilyn Guitar Galusha Trust  
Marilyn G. Galusha, Trustee  
Post Office Box 1438  
Abilene, Texas 79604-1438

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Marilyn Guitar Galusha Trust  
Marilyn G. Galusha, Trustee  
Post Office Box 1438  
Abilene, Texas 79604-1438

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) MARILYN GALUSHA	B. Date of Delivery 5/15/00
C. Signature X Marilyn Galusha	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label) 7099 3220 0005 9417 5135  
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7099 3220 0005 9417 5128

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ .55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.20

Name (Please Print) Martha Jane Alexar  
Street, Apt. No., etc. Post Office Box 58  
City, State, ZIP+4 Abilene, Texas 79601

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Martha Jane Alexander Rhodes  
Post Office Box 58  
Abilene, Texas 79604-0058

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) I Hernandez	B. Date of Delivery May 25 2000
C. Signature X I Hernandez	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label) 7099 3220 0005 9417 5128  
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ .55  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 3.20

S.P. Johnson III & Barbara Jo Johnson Trust  
S. P. Johnson III & Barbara Jo Johnson,  
Trustees  
Post Office Box 1713  
Roswell, New Mexico 88202-1713

- PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
  - Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

S.P. Johnson III & Barbara Jo Johnson Trust  
S. P. Johnson III & Barbara Jo Johnson,  
Trustees  
Post Office Box 1713  
Roswell, New Mexico 88202-1713

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) S.P. Johnson B. Date of Delivery 5-13-00

C. Signature X S.P. Johnson ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9417 5142

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ .55  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 3.20

JTV Partnership  
Tracy C. Thompson  
Post Office Box 1713  
Roswell, New Mexico 88202-1

- PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
  - Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JTV Partnership  
Tracy C. Thompson  
Post Office Box 1713  
Roswell, New Mexico 88202-1713

A. Received by (Please Print Clearly) S.P. Johnson B. Date of Delivery 5-13-00

C. Signature X S.P. Johnson ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9417 5146

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ .55  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 3.20

LaPlant/Johnson Family Trust  
Joel S. Johnson & Peggy LaPlant  
7575 South Sundown Circle  
Littleton, Colorado 80120

Postmark  
Here

or Instructions

WFC 114

7099 3220 0005 9419 8271

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ 1.55  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 3.20

Kindermac Partners  
 650 South Cherry, Suite #1225  
 Denver, CO 80222

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kindermac Partners  
 650 South Cherry, Suite #1225  
 Denver, CO 80222

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☒ Agent  
☐ Addressee

 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9419 8271

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3220 0005 9417 5111

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ .55  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 3.20

Jeri Alexander Lott  
 9102 Vicksburg Ave #17  
 Lubbock, Texas 79424

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jeri Alexander Lott  
 9102 Vicksburg Ave #17  
 Lubbock, Texas 79424

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☐ Agent  
☐ Addressee

 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9417 5111

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3220 0005 9417 5104

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ .55  
 Certified Fee 1.40  
 Return Receipt Fee (Endorsement Required) 1.25  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 3.20

James Minor Alexander  
 Post Office Box 58  
 Abilene, Texas 79604-0058

FOLD AT DOTTED LINE  
 PLACE STICKER AT TOP OF ENVELOPE  
 TO THE RIGHT OF RETURN ADDRESS.

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James Minor Alexander  
 Post Office Box 58  
 Abilene, Texas 79604-0058

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☒ Agent  
☐ Addressee

 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3220 0005 9417 5104

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789