

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

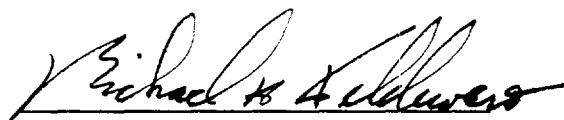
**IN THE MATTER OF THE APPLICATION OF
SAPIENT ENERGY CORPORATION TO EXEMPT
THE WEST TEAS UNIT FROM SALT PROTECTION
REQUIREMENTS, LEA COUNTY, NEW MEXICO**

CASE NO. 12506

AFFIDAVIT


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

Michael H. Feldewert, attorney in fact and authorized representative of Sapient Energy 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.


Michael H. Feldewert

SUBSCRIBED AND SWORN to before this 16th, day of October, 2000 by Michael H. Feldewert.




Mara Dalton, Notary Public

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 12506 Exhibit No. 6
Submitted by:
Sapient Energy Corporation
Hearing Date: October 19, 2000

EXHIBIT A

Commissioner of Public Lands
State of New Mexico
Post Office Box 1148
Santa Fe, NM 87504
Attn: Joe Mraz

Bureau of Land Management
Carlsbad Resources Area
Post Office Box 1778
Carlsbad, NM 88220
Attn: Craig Cranston

Bureau of Land Management
Roswell District Office
Post Office Box 1397
Roswell, NM 88202
Attn: Armando Lopez

Oil Conservation Division
Post Office Box 1980
Hobbs, NM 88241
Attn: Chris Williams

Mississippi Potash, Inc.
1996 Potash Mines Road
Post Office Box 101
Carlsbad, NM 88220

IMC Kalium Carlsbad
Post Office Box 71
1361 Potash Mines Road
Carlsbad, NM 88220
Attn: John Bowen

7000 0600 0024 3129 8875

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

Postage \$ 0.55

Certified Fee 1.40

Return Receipt Fee (Endorsement Required) 1.25

Restricted Delivery Fee (Endorsement Required) 3.20

Total Postage & Fees 6.40

Postmark Here

215 M

Recipient's Name
 Commissioner of Public Lands
 State of New Mexico
 Post Office Box 1148
 Santa Fe, NM 87504
 Attn: Joe Mraz

Street, Apt. No., or P.O. Box
 City, State, ZIP+4

PS Form 3811, July 1999

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:

Commissioner of Public Lands
 State of New Mexico
 Post Office Box 1148
 Santa Fe, NM 87504
 Attn: Joe Mraz

2. Article Number (Copy from service label)

7000 0600 0024 3129 8875

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X [Signature] ☐ Agent ☐ AddresseeD. 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

7000 0600 0024 3129 8868

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

Postage \$ 0.55

Certified Fee 1.40

Return Receipt Fee (Endorsement Required) 1.25

Restricted Delivery Fee (Endorsement Required) 3.20

Total Postage & Fees 6.40

Postmark Here

215 F

Recipient's Name
 Bureau of Land Management
 Carlsbad Resources Area
 Post Office Box 1778
 Carlsbad, NM 88220
 Attn: Craig Cranston

Street, Apt. No., or P.O. Box
 City, State, ZIP+4

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION

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Bureau of Land Management
 Carlsbad Resources Area
 Post Office Box 1778
 Carlsbad, NM 88220
 Attn: Craig Cranston

2. Article Number (Copy from service label)

7000 0600 0024 3129 8868

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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3. Service Type

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

7000 0600 0024 3129 8851

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

Postage \$ 0.55

Certified Fee 1.40

Return Receipt Fee (Endorsement Required) 1.25

Restricted Delivery Fee (Endorsement Required) 3.20

Total Postage & Fees 6.40

Postmark Here

215 F

Recipient's Name
 Bureau of Land Management
 Roswell District Office
 Post Office Box 1397
 Roswell, NM 88202
 Attn: Armando Lopez

Street, Apt. No., or P.O. Box
 City, State, ZIP+4

PS Form 3811, July 1999

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.

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Bureau of Land Management
 Roswell District Office
 Post Office Box 1397
 Roswell, NM 88202
 Attn: Armando Lopez

2. Article Number (Copy from service label)

7000 0600 0024 3129 8851

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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C. Signature

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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

7000 0600 0024 3129 8844

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

215 MHF

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

Recipient's Name Oil Conservation Division
Post Office Box 1980
Street Apt No or Hobbs, NM 88241
City State ZIP Attn: Chris Williams

PS Form 3800, Feb

7000 0600 0024 3129 8837

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

215 MHF

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

Recipient's Name Mississippi Potash, Inc.
1996 Potash Mines Road
Street Apt No Post Office Box 101
City State ZIP Carlsbad, NM 88220

PS Form 3800,

7000 0600 0024 3129 8820

<p>U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)</p> <p>215 MHF</p> <table><tr><td>Postage</td><td>\$.55</td><td rowspan="5">Postmark Here</td></tr><tr><td>Certified Fee</td><td>1.40</td></tr><tr><td>Return Receipt Fee (Endorsement Required)</td><td>1.25</td></tr><tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr><tr><td>Total Postage & Fees</td><td>\$ 3.20</td></tr></table> <p>Recipient's Name IMC Kalium Carlsbad Post Office Box 71 Street Apt No 1361 Potash Mines Road City State ZIP Carlsbad, NM 88220 Attn: John Bowen</p> <p>PS Form 3800,</p>	Postage	\$.55	Postmark Here	Certified Fee	1.40	Return Receipt Fee (Endorsement Required)	1.25	Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$ 3.20	<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none">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. <p>1. Article Addressed to:</p> <p>IMC Kalium Carlsbad Post Office Box 71 1361 Potash Mines Road Carlsbad, NM 88220 Attn: John Bowen</p> <p>2. Article Number (Copy from service label)</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <table><tr><td>A. Received by (Please Print Clearly)</td><td>B. Date of Delivery</td></tr><tr><td>JIC. MARSHALL</td><td>10/2/90</td></tr><tr><td>C. Signature</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Agent</td><td><input type="checkbox"/> Addressee</td></tr><tr><td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td></tr><tr><td colspan="2">If YES, enter delivery address below: <input type="checkbox"/> No</td></tr><tr><td colspan="2">3. Service Type</td></tr><tr><td><input checked="" type="checkbox"/> Certified Mail</td><td><input type="checkbox"/> Express Mail</td></tr><tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Insured Mail</td><td><input type="checkbox"/> C.O.D.</td></tr><tr><td colspan="2">4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</td></tr></table>	A. Received by (Please Print Clearly)	B. Date of Delivery	JIC. MARSHALL	10/2/90	C. Signature		<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"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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7000 0600 0024 3129 8820

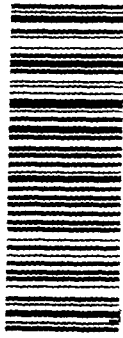
CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

CERTIFIED MAIL



7000 0600 0024 3129 8844

Oil Conservation Division

Post Office Box 1980

Hobbs, NM 88241

Attn: Chris Williams

OIL-980 882412002 1499 05 10/02/00
FORWARD TIME EXP RTN TO SEND
OIL CONSERV DIV STATE OF NM
1625 N FRENCH DR
HOBBS NM 88240-9273

RETURN TO SENDER

