

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF OCEAN ENERGY, INC.
FOR A NON-STANDARD GAS SPACING AND
PRORATION UNIT, EDDY COUNTY, NEW MEXICO.

Case No. 12,932

AFFIDAVIT REGARDING NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

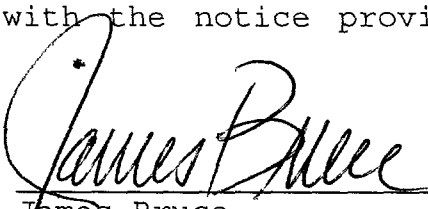
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

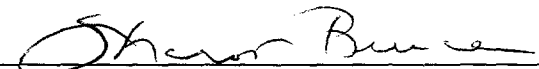
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by 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.


James Bruce

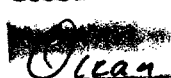
SUBSCRIBED AND SWORN TO before me this 18th day of September, 2002, by James Bruce.


Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION

CASE NUMBER 12932

 EXHIBIT 10

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

324 MCKENZIE STREET
SANTA FE, NEW MEXICO 87501

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

August 28, 2002

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application for a non-standard gas spacing and proration unit, filed with the New Mexico Oil Conservation Division by Ocean Energy, Inc., regarding the Strawn formation underlying the SE¼ of Section 28, Township 20 South, Range 28 East, NMPM, Eddy County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, September 19, 2002 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an offset interest owner, 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.

You are required to notify the Division, and the undersigned, by Friday, September 13, 2002, if you intend to enter an appearance and participate in the case.

Very truly yours,

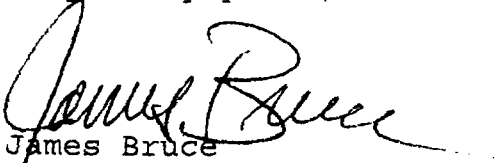

James Bruce
Attorney for Ocean Energy, Inc.



EXHIBIT A

Commissioner of Public Lands
Oil, Gas and Minerals Division
P.O. Box 1148
Santa Fe, New Mexico 87504

Yates Petroleum Corporation
Yates Drilling Company
Abo Petroleum Corporation
MYCO Industries, Inc.
105 South Fourth Street
Artesia, New Mexico 88210

Winged Foot Oil Co., Inc.
P.O. Box 3106
Midland, Texas 79702

Jay E. Floyd
P.O. Box 2577
Midland, Texas 79702

G.K. Partners
Suite 1240
550 West Texas
Midland, Texas 79701

B. Bernard Lankford, Jr.
P.O. 1915
Weatherford, Texas 76086

Joel R. Miller
Joel R. Miller, Trustee
P.O. Box 3003
Midland, Texas 79702

Brian K. Miller
P.O. Box 3003
Midland, Texas 79702

Scott E. Wilson
P.O. Box 2577
Midland, Texas 79702

Mack Maxcey, Inc.
2609 Haynes Drive
Midland, Texas 79705

Richard K. & Beverly Barr
500 West Texas
Midland, Texas 79701

M. E. Cheney
2757 Autumn Ridge Drive
Thousand Oaks, California 91362

Tom Brown, Inc.
500 Empire Plaza
508 West Wall
Midland, Texas 79701

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

OFFICIAL USE

Postage \$ 0.60

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total Postage & Fees

Sent To

Jay E. Floyd

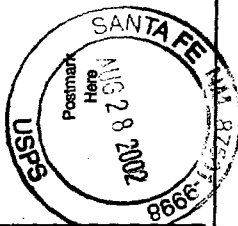
P.O. Box 2577

Midland, Texas 79702

City, State, ZIP+4

PS Form 3800, May 2000

See Reverse for Instructions



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:

Brian K. Miller
P.O. Box 3003
Midland, Texas 79702

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

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:

Jay E. Floyd
P.O. Box 2577
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) ☐ Day of Delivery

Jay E. Floyd SEP 4 2002

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 ☐ No

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

79702 2870 0000 0292 0002

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) ☐ Date of Delivery

Joe R. Miller

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

4. Restricted Delivery? (Extra Fee)

PS Form 3800, May 2000

Domestic Return Receipt

102595-01-M-0381

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only: No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$ 0.60

Certified Fee

2.30

Return Receipt Fee

1.75

Restricted Delivery Fee

4.65

Total Postage & Fees

\$

Sent To

Brian K. Miller

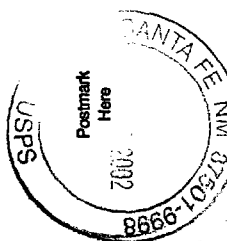
P.O. Box 3003

Midland, Texas 79702

City, State, ZIP+4

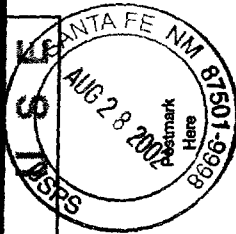
PS Form 3800, May 2000

See Reverse for Instructions



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

OFFICIAL USE



Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	\$

Sent To Richard K. & Beverly Barr
500 West Texas
Midland, Texas 79701
City, State, ZIP+ 4

PS Form 3800, May 2000 See Reverse for Instructions

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:

Richard K. & Beverly Barr
500 West Texas
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

- Signature: *Richard K. Barr*
- Received by (Printed Name): *Richard K. Barr*
- Date of Delivery: *8-3*
- Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

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

2. Article Number (Transfer from service label) 7800 2870 0000 0242 0000 1215 1589

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

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:

Mack Maxcey, Inc.
2609 Haynes Drive
Midland, Texas 79705
RR5 Box #9
Brewerly TX 76801
7800 2870 0000 0242 0000 1215 1572

PS Form 3811, August 2000

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

OFFICIAL USE

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	\$

Sent To Mack Maxcey, Inc.
2609 Haynes Drive
Midland, Texas 79705
City, State, ZIP+ 4

PS Form 3800, May 2000

See Reverse for Instructions



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:

Yates Petroleum Corporation
Yates Drilling Company
Abo Petroleum Corporation
MYCO Industries, Inc.
105 South Fourth Street
Artesia, New Mexico 88210

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

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

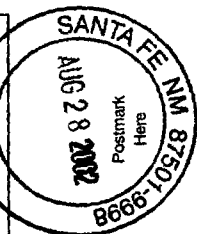
OFFICIAL USE

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	\$

Sent To

Scott E. Wilson
P.O. Box 2577
Midland, Texas 79702
City, State, ZIP+ 4

PS Form 3800, May 2000 See Reverse for Instructions



COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** **PATTI CARLIS** Agent
- B. Received by (Printed Name) **Patti Carlis** Agent of Delivery
- D. Is delivery address different from item 2? **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 2870 0000 1215 1997

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:

Scott E. Wilson
P.O. Box 2577
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** **Scott E. Wilson** Agent
- B. Received by (Printed Name) **Scott E. Wilson** Agent of Delivery
- 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

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

7000 2870 0000 1215 1997

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

OFFICIAL USE

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	\$

Sent To

Yates Petroleum Corporation
Yates Drilling Company
Abo Petroleum Corporation
MYCO Industries, Inc.
105 South Fourth Street
Artesia, New Mexico 88210



PS Form 3800, May 2000 See Reverse for Instructions

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

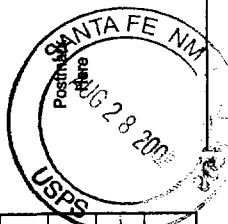
OFFICIAL USE

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	\$

Sent To

G.K. Partners
Suite 1240
550 West Texas
Midland, Texas 79701
City, State, ZIP+ 4

PS Form 3800, May 2000 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, & 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:

B. Bernard Lankford, Jr.
P.O. 1915
Weatherford, Texas 76086

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

7000 2870 0000 0282 0000 1215 5121 2521

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

- Signature ☐ Agent ☐ Addressee
- Received by (Printed Name) ☐ Date of Delivery 5-3-02
- Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

- Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, & 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:

G.K. Partners
Suite 1240
550 West Texas
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

- Signature ☐ Agent ☐ Addressee
- Received by (Printed Name) ☐ Date of Delivery 8-3
- Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

- Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

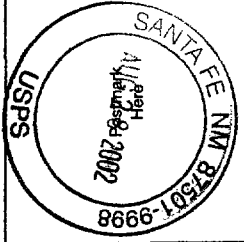
Domestic Return Receipt

102595-01-M-0381

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

OFFICIAL USE

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	\$



Sent To

B. Bernard Lankford, Jr.
P.O. 1915
Weatherford, Texas 76086
City, State, ZIP+ 4

PS Form 3800, May 2000

See Reverse for Instructions

7000 2870 0000 0282 0000 1215 5121 2521

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$ 0.60

Certified Fee

2.70

Return Receipt Fee

1.75

(Endorsement Required)

Restricted Delivery Fee

4.65

(Endorsement Required)

Total Postage & Fees

\$

Sent To

Commissioner of Public Lands
Oil, Gas and Minerals Division
P.O. Box 1148
Santa Fe, New Mexico 87504

PS Form 3800, May 2000

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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
Oil, Gas and Minerals Division
P.O. Box 1148
Santa Fe, New Mexico 87504

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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:

Winged Foot Oil Co., Inc.
P.O. Box 3106
Midland, Texas 79702

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

AUG 29 2002

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2000 2870 0000 0282 0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2000 2870 0000 1215 1503

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$ 0.60

Certified Fee

2.30

Return Receipt Fee

1.75

(Endorsement Required)

Restricted Delivery Fee

4.65

(Endorsement Required)

Total Postage & Fees

\$

Sent To

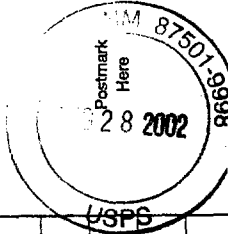
Winged Foot Oil Co., Inc.
P.O. Box 3106
Midland, Texas 79702

2000 2870 0000 0282 0000

City, State, ZIP+4

PS Form 3800, May 2000

See Reverse for Instructions



U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	\$

Sent To

Tom Brown, Inc.
500 Empire Plaza
508 West Wall
Midland, Texas 79701

PS Form 3800, May 2000

See Reverse for Instructions



2091 5121 0000 0282 0000

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:

Joel R. Miller
Joel R. Miller, Trustee
P.O. Box 3003
Midland, Texas 79702

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

7000 2870 0000 1215 1541

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Joel R. Miller
☒ Agent
☐ Addressee

B. Received by (Printed Name)
Joel R. Miller
C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes



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:

Tom Brown, Inc.
500 Empire Plaza
508 West Wall
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Joel R. Miller
☒ Agent
☐ Addressee

B. Received by (Printed Name)
Joel R. Miller
C. Date of Delivery
8-3-02

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7000 2870 0000 1215 1602

PS Form 3811, August 2001

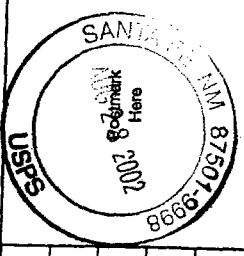
Domestic Return Receipt

102595-01-M-0381

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

OFFICIAL USE

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	4.65
Total Postage & Fees	\$



Sent To

Joel R. Miller
Joel R. Miller, Trustee
P.O. Box 3003
Midland, Texas 79702

PS Form 3800, May 2000

See Reverse for Instructions

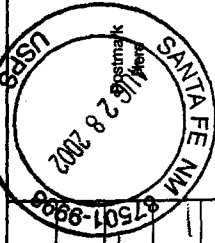
1451 5121 0000 0282 0000

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

7000 2870 0000 1215 1596

OFFICIAL USE

Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.11
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.01



Sent To

Street, Apt. No.; or PO Box No. M. E. Cheney
 2757 Autumn Ridge Drive
 City, State, ZIP+4 Thousand Oaks, California 91362

PS Form 3800, May 2000

See Reverse for Instructions