BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF CHI ENERGY, INC.
FOR COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO. Case No. 12959

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

James Bruce

SUBSCRIBED AND SWORN TO before me this 11th day of November, 2002, by James Bruce.

Notary Public

My Commission Expires:
3/14/2002

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT 4

EXHIBIT A

Sklarco LLC
401 Edwards Street
Shreveport, Louisiana 71101

James S. Strohmeyer, Trustee of the
Estate of Betty Baish Strohmeyer
5311 East 5th Street
Tucson, Arizona 85711

Karen Elizabeth Charles
110 Hudson Avenue
Altoona Pennsylvania 16602

Katherine Mary Scott
809 Sheridan Street
Altoona, Pennsylvania 16602

Mary Elizabeth Baish Weston
220 Fran Street
Lilly, Pennsylvania 15938

Higgins Trust, Inc.
P.O. Box 2421
Gainesville, Georgia 30503

Michael R. McGuire
3209 Estrella Driver
Roswell, New Mexico 88201

Estate of Elyse Saunders Patterson
c/o Commerce Bank of Kansas City
Personal Trust Department
P.O. Box 419248
Kansas City, Missouri 64141

Donald S. Iverson
No. 1 Terrace Mountain Cove
Austin, Texas 78746

Jareed Partners, Ltd.
2407 Bellechase Court
Midland, Texas 79705

Penwell Employee Royalty Pool
Suite 600
600 North Marienfeld
Midland, Texas 79701

Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101-8838

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)

October 24, 2002

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 Chi Energy, Inc., regarding the W½ of Section 30, Township 18 South, Range 31 East, NMPM, Eddy County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, November 14, 2002 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, 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.

Very truly yours,

James Bruce

James Bruce

Attorney for Chi Energy, Inc.

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

7001 2510 0006 5984 2833

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

SANTA FE NM 87501 OCT 23 2002 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Sklarco LLC
401 Edwards Street
Shreveport, Louisiana 71101

PS Form 3800, January 2... 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:

Mary Elizabeth Baish Weston
220 Fran Street
Lilly, Pennsylvania 15938

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) TED WESTON, JR
C. Date of Delivery 10-24-02

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
(Transfer from service label) 7001 2510 0006 5984 2871

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:

Sklarco LLC
401 Edwards Street
Shreveport, Louisiana 71101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) ER Cassanova
C. Date of Delivery 10/25/02

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
(Transfer from service label) 7001 2510 0006 5984 2833

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)

7001 2510 0006 5984 2871

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

SANTA FE NM 87501 OCT 23 2002 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Mary Elizabeth Baish Weston
220 Fran Street
Lilly, Pennsylvania 15938

PS Form 3800, January 2001 See Reverse for Instructions

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

7001 2510 0006 5984 2932

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

Postmark Here: SANTA FE NM 87501 OCT 23 2002 USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101-8838

PS Form 3800, January 2001 ... 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:

James S. Strohmeyer, Trustee of the
Estate of Betty Baish Strohmeyer
5311 East 5th Street
Tucson, Arizona 85711

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jim Strohmeyer ☐ Agent ☐ Addressee

B. Received by (Printed Name): JIM STROHMEYER
C. Date of Delivery: 10/26/02

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 *(Transfer from service label)* 7001 2510 0006 5984 2840

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:

Devon Energy Production Company, L.P.
P.O. Box 108838
Oklahoma City, Oklahoma 73101-8838

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Goodluck Njoku ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery: 10-25-02

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 *(Transfer from service label)* 7001 2510 0006 5984 2932

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)

7001 2510 0006 5984 2840

Postage	$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.61

Postmark Here: SANTA FE NM 87501 OCT 23 2002 USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

James S. Strohmeyer, Trustee of the
Estate of Betty Baish Strohmeyer
5311 East 5th Street
Tucson, Arizona 85711

PS Form 3800, January 2001 ... See Reverse for Instructions

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

7001 2510 0006 5984 2888

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

SANTA FE NM 87501 Postmark Here OCT 23 2002 USPS

Sent To
Higgins Trust, Inc.
Street, Apt. No., or PO Box No. P.O Box 2421
City, State, ZIP+4 Gainesville, Georgia 30503

PS Form 3800, January 2001 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:

Penwell Employee Royalty Pool
Suite 600
600 North Marienfeld
Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) TOSM C. Date of Delivery 10-28-02 8AM

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 *(Transfer from service label)* 7001 2510 0006 5984 2949

PS Form 3811, August 2001 Domestic Return Receipt [signature] 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:

Higgins Trust, Inc.
P.O. Box 2421
Gainesville, Georgia 30503

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathleen Edwards ☐ Agent ☐ Addressee

B. Received by (Printed Name) 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 ☐ 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)* 7001 2510 0006 5984 2888

PS Form 3811, August 2001 Domestic Return Receipt [signature] 102595-01-M-0381

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

7001 2510 0006 5984 2949

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

Postmark Here OCT 23 2002 USPS

Sent To
Penwell Employee Royalty Pool
Street, Apt. No., or PO Box No. Suite 600
City, State, ZIP+4 600 North Marienfeld
Midland, Texas 79701

PS Form 3800, January 2001 See Reverse for Instructions

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

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

SANTA FE NM 87501 Postmark OCT 23 2002 USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Estate of Elyse Saunders Patterson
c/o Commerce Bank of Kansas City
Personal Trust Department
P.O. Box 419248
Kansas City, Missouri 64141

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0006 5984 2901

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:

Michael R. McGuire
3209 Estrella Driver
Roswell, New Mexico 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) M.R. McGuire
C. Date of Delivery

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

ROSWELL NM 882 OCT 30 2002 USPS

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)* 7001 2510 0006 5984 2895

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)

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

SANTA FE NM 87501 Postmark OCT 23 2002 USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Michael R. McGuire
3209 Estrella Driver
Roswell, New Mexico 88201

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0006 5984 2895

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

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:

Jareed Partners, Ltd.
2407 Bellechase Court
Midland, Texas 79705

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | 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 ☐ 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) 7001 2510 0006 5984 2925

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

7001 2510 0006 5984 2925

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

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

NM 87501
Postmark Here
05
23
2002
USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Jareed Partners, Ltd.
2407 Bellechase Court
Midland, Texas 79705

PS Form 3800, January 2001 See Reverse for Instructions

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

7001 2510 0006 5984 2857

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

SANTA FE NM 87501
Postmark Here
OCT 23 2002
USPS

Sent To
Street, Apt. No.; or PO Box No. Karen Elizabeth Charles
110 Hudson Avenue
City, State, ZIP+4 Altoona Pennsylvania 16602

PS Form 3800, January 2001 See Reverse for Instructions

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

7001 2510 0006 5984 2864

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

SANTA FE NM 87501
Postmark Here
OCT 23 2002
USPS

Sent To
Street, Apt. No.; or PO Box No. Katherine Mary Scott
809 Sheridan Street
City, State, ZIP+4 Altoona, Pennsylvania 16602

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0006 5984 2918

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

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

SANTA FE NM 87501
OCT 23 2002
Postmark Here
USPS

Sent To
Donald S. Iverson
Street, Apt. No.; or PO Box No.
No. 1 Terrace Mountain Cove
City, State, ZIP+4
Austin, Texas 78746

PS Form 3800, January 2001 — See Reverse for Instructions